NORTH YORKSHIRE SHADOW HEALTH AND WELLBEING BOARD

DATE: Wednesday 30th May 2012

North Yorkshire Joint Strategic Needs Assessment

1. Purpose:

This paper introduces the North Yorkshire Joint Strategic Needs Assessment.

2. Background

The aim of the Joint Strategic Needs Assessment (JSNA) is to identify and analyse the current and future health and wellbeing needs of individuals and communities for people within North Yorkshire. A JSNA informs and guides health, wellbeing and social care commissioning decisions within North Yorkshire. The JSNA will also act as a valuable resource for those providing heath and social care and support with the development of services.

The production of the JSNA is an existing statutory duty and from April 2013, local authorities and Clinical Commissioning Groups (CCGs) will each have equal and explicit obligations to prepare the JSNA and this duty will be discharged by the Health and Wellbeing board.

3. Next steps

The JSNA will need to be used by the Health and Well-being Board to ensure that the Health and Well-being Strategy is based on health and well-being need – and therefore will lead to health and well-being improvement**.**

4. Recommendation

The Health and Well-being Board is asked to note the contents of the JSNA and use the findings in the development of the Health and Well-being Strategy

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North Yorkshire
Joint Strategic Needs Assessment
2012 Report

North Yorkshire County Council

NHS
North Yorkshire and York

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Executive summary

Background

The Joint Strategic Needs Assessment aims to provide a high level analysis of the current and future health and well-being needs of the individuals and communities within North Yorkshire. It will be used to ensure that the Health and Well-being strategy is based on need.

How to use this JSNA?

The North Yorkshire JSNA is presented in a number of layers. There are geographical summaries and topic summaries.

The main section is the North Yorkshire Geographical summary. Demographic profiles, main health outcome data, 'Big Issues' raised by the community, and summaries of what we found and what needs to happen can be found here.

District and Clinical Commissioning Group summaries contain demographic information, main health outcome data, locality specific 'Big Issues' raised by the community, and specific topic issues highlighted in addition to the needs identified in the North Yorkshire summary.

There are over 50 more detailed topic summaries which describe the main determinants of health as well as specific conditions and population groups that have specific health needs. Topic summaries include data; current service provision; inequalities in that topic; evidence around interventions or programmes proven to work; any plans for future interventions or programmes; details of current expenditure where possible; and a picture of unmet need for each topic area. These will be made available on the JSNA website. Some areas have highlighted the need for more in depth work in the future.

Raw data can be accessed via the STREAM website[1]

Key messages

- The health of people within North Yorkshire is generally good compared to England.
- The population of North Yorkshire is becoming older with a predicted increase in people aged over 65 years from 125,000 to 160,000 by 2021
- Circulatory disease (including heart disease and stroke) and cancers account for the greatest proportion of deaths within North Yorkshire.
- Cancers are the most common cause of death under the age of 75 years.
- Access to services, service availability and social isolation were recurrent themes identified by groups and individuals during the JSNA engagement process
- There are particular challenges for certain conditions due to increasing age (eg dementia and stroke) or change in projected prevalence (eg obesity and diabetes)

[1] Statistics, research and mapping for North Yorkshire and York http://www.streamlis.org.uk/

- There are certain groups which experience different levels of health to the rest of the population, and for some groups, we do not fully understand what their needs are locally
- Across the life course, there are challenges at every stage including child poverty, equitable educational attainment and fuel poverty and social isolation.
- Health inequalities within North Yorkshire and within each District do exist. The gap in life expectancy between the least and most deprived communities across North Yorkshire is around 6.3 years and 4.6 years in males and females respectively. For some districts, the gap is as high as 9.6 years. 14 of the 18 areas in North Yorkshire which are in the most deprived fifth of England are in Scarborough District.
- The evidence from the Marmot review[2] on how to reduce inequalities and improve health suggests that we should take action on the social determinants of health for all, but with a scale and intensity that is proportionate to the level of disadvantage. We have therefore used the Marmot domains to describe the needs of the population where possible.
- The Marmot domains are:
- give every child the best start in life;
- enable all children young people and adults to maximise their capabilities and have control over their lives;
- create fair employment and good work for all;
- ensure healthy standard of living for all;
- create and develop healthy and sustainable places and communities;
- and strengthen the role and impact of ill health prevention.
- There are many community assets within North Yorkshire which can help deliver solutions for improving health and well-being
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[2] http://www.marmotreview.org/

Foreword

A Joint Strategic Needs Assessment (JSNA) is the process through which public sector partners identify where best to invest their resources to reduce inequalities and secure the outcomes desired by the public they serve. This will lead us to the development of North Yorkshire's Health and Wellbeing Strategy. It also provides the data and insight on which commissioning and delivery of health, wellbeing and social care services should be based. So in turn this will shape the commissioning strategy of our Council's Health and Adult Services Commissioning Plan and our Children's Commissioning Plan when next refreshed. It will also assist each of our Clinical Commissioning Groups shape their commissioning intentions as they begin to on the responsibility of commissioning the necessary health services for our communities.

We appreciate the work done by the officers representing the County Council and District Councils, the Public Health Team and Voluntary Sector colleagues and the many experts who played their part in shaping its content.

We value the work of the many communities, representative groups, voluntary organisations and the individuals who ensured their input and voice contributed to our present understanding through workshops, questionnaires, written and verbal inputs. This suggests there is a much wider ownership of this year's product.

But producing the JSNA is just phase one. Phase two will see this made available and accessible to many communities over the coming weeks. Phase three will see the development of our joint strategy as we seek to address the priority issues highlighted by the needs analysis. Phase four will see the commissioning intentions developed and in time we will need to evaluate what is working and not working.

Work on needs analysis and the use of resources within communities to address these needs will be ongoing. Some subject areas may benefit from deeper analysis. So the JSNA process is an ongoing one. It is the picture of North Yorkshire in a given timeframe.

We hope that the voluntary and the provider communities will use the knowledge and information on their community to prepare proposals on how they might make a difference to the health and well-being of their communities.

Commissioners, in making your investments you too will want to understand how the investment made improves the health and well-being of your communities.

I commend the JSNA as a tool to enable local partners to develop common priorities for the improvement of health and wellbeing and to make changes in the way services are planned and delivered.

Cllr. Weighell, Chair of North Yorkshire's Health and Wellbeing Board.

Section 1: Background

What is the Joint Strategic Needs Assessment?

The aim of the Joint Strategic Needs Assessment (JSNA) is to identify and analyse the current and future health and wellbeing needs of individuals and communities for people within North Yorkshire. A JSNA informs and guides health, wellbeing and social care commissioning decisions within North Yorkshire. The JSNA will also act as a valuable resource for those providing heath and social care and support with the development of services.

The production of the JSNA is an existing statutory duty and from April 2013, local authorities and Clinical Commissioning Groups (CCGs) will each have equal and explicit obligations to prepare the JSNA and this duty will be discharged by the Health and Wellbeing board.

The JSNA will be a framework for the development of the Health and Wellbeing Strategy and is integral in identifying need. The JSNA will also be fundamental both in identifying health inequalities and factors which influence health inequalities within North Yorkshire.

Objectives

- What are the causes of poor health and well-being in North Yorkshire?
- What is the unmet need?
- Where is there potential to improve health and well-being?

How to use this JSNA?

The North Yorkshire JSNA is presented in a number of layers. There are geographical summaries and topic summaries.

The main section is the North Yorkshire geographical summary. Demographic profiles, main health outcome data, 'Big Issues' raised by the community, and summaries of what we found and what needs to happen can be found here. District and Clinical Commissioning Group summaries contain demographic information, main health outcome data, locality specific 'Big Issues' raised by the community, and specific topic issues highlighted in addition to the needs identified in the North Yorkshire summary.

There are over 50 more detailed topic summaries which describe the main determinants of health as well as specific conditions and population groups that have specific health needs. Topic summaries include data; current service provision; inequalities in that topic; evidence around interventions or programmes; any plans for future interventions or programmes; details of current expenditure where possible; and a picture of unmet need for each topic area. These will be made available on the JSNA website. Some topic areas have highlighted the need for more in depth work in the future.

Raw data can be accessed via the STREAM website[3]

[3] Statistics, research and mapping for North Yorkshire and York http://www.streamlis.org.uk/

Section 2: Method

A steering group with representation from Health and Adult Services, Children's services, Public Health, Ryedale District Council and The North Yorkshire & York Forum oversaw the production of the JSNA.

The process adopted for developing the JSNA involved three stages:

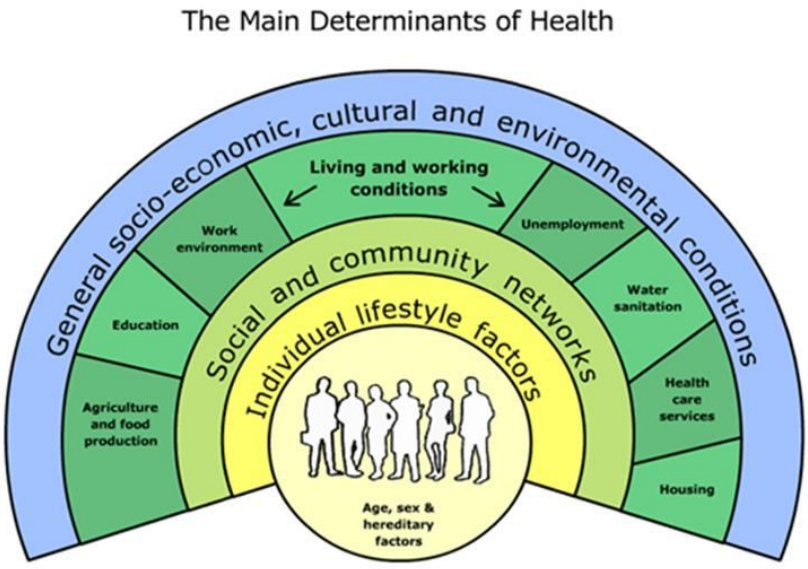
- robust data gathering
- data interpretation and gap analysis
- identifying unmet need

To start, individuals and organisations were contacted by email to ask them to send details of what they considered to be the three Big Issues that affected their, or the group of people they represented, health and wellbeing. People were also invited via the JSNA web page to send details of their big health and wellbeing issue.

Alongside this, an engagement process was conducted with seven district events between

December 2011 and January 2012 which presented some of the information gleaned to date, discussions on what criteria decisions on priorities should be made, and what the 'Big Issues' delegates felt the JSNA should cover.

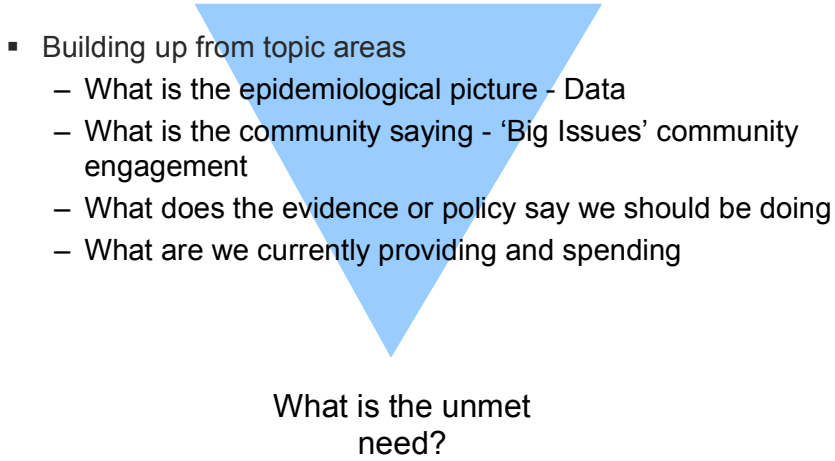
The determinants of health and well-being are complex and varied and include lifestyle behaviours and the wider determinants like the environment, work, employment, health and social care, the community and services. The diagram below illustrates the main determinants of health and wellbeing



Source: Dahlgren and Whitehead (1991)

A number of topic areas were identified by the steering group using information from the Big Issues consultation, the determinants of health and important conditions. Data was then collected on each of the topic areas to describe it.

Subject matter experts were then identified and invited to comment on the data; describe what work was currently being done related to the Topic Area; identifying variations in inequalities across the county; evidence around interventions proven to work; sharing firm plans which may be in place for future interventions; financial impact of meeting/not meeting the highlighted need; and details of current expenditure. All of that information was then triangulated to build up a picture of unmet need for each topic area.



Unmet needs are identified where there is some capacity to improve health and wellbeing for a particular topic area.

Health inequalities were identified early on as a key important area that the Health and Wellbeing Strategy would need to cover. The steering group therefore decided to use the evidence in 'Fair Society, Healthy Lives – The Marmot Review'[4] around reducing health inequalities to present the findings of the JSNA.

The Marmot Review looked at how local and national government should tackle health inequalities and evidenced how tackling the social determinants of health can reduce health inequalities. Whilst acknowledging that chronic disease management is very important in reducing health inequalities, Marmot describes how more systematic work is needed in medium term interventions like lifestyle behaviour change, and long term interventions on the wider determinants of health. Marmot describes six domains:

- give every child the best start in life;
- enable all children young people and adults to maximise their capabilities and have control over their lives;
- create fair employment and good work for all;

[4] Fair Society, Healthy Lives. Available at http://www.marmotreview.org/

- ensure healthy standard of living for all;
- create and develop healthy and sustainable places and communities;
- and strengthen the role and impact of ill health prevention.

Topic summaries have been categorised in this JSNA by Marmot domain. In order to ensure that all subjects were described, a further section called 'Maximise the effectiveness of condition and treatment pathways' and a section on population groups who have specific health needs were included.

A final County-wide engagement event in May 2012 looked at what the JSNA was saying, described Marmot, and attempted to weight some of the prioritisation criteria described in the earlier district events.

Whilst exploring some topic areas, we have found that we do not have the data or do not fully understand the impact or needs of that topic area on the population. Therefore, there the JSNA should be seen as an ongoing process with topic summaries updated when further work is completed.

Section 3: Using the JSNA to develop a Health and Wellbeing Strategy

The outputs from the JSNA will be used to inform the development of the Health and Wellbeing Strategy. The Health and Wellbeing strategy is about ensuring commissioning of services leads to improved health and wellbeing. It needs to compliment the work which is ongoing around implementing the North Yorkshire Review which is looking at how to make best use of resources within the North Yorkshire health economy.

The Health and Wellbeing Strategy will also need to take into account the NHS Outcomes Framework, the Public Health Outcomes Framework and the Social Care outcomes framework.

Suggested criteria for prioritisation from engagement events

At the seven District engagement events, delegates were given the opportunity to suggest ways that decisions should be made about how priorities are identified. Delegates were asked how they made decisions about how they spent their household budget. They were then asked to apply similar thinking and derive criteria or rules for prioritising. At each plenary session, the individual criteria developed on each table were shared and discussed with the whole room, and the following criteria were produced.

Thirsk

- Statutory – keep within the law.
- Innovative creative return on investment.
- Transparency – explain decision.
- Individual responsibility and accountability.
- Maximising impact on communities and individuals.
- Ethics – open decision making; options and consequences.
- Equity and fairness.
- Political aspects of development.

Skipton

- Critical services
- Accessibility
- Communication
- Optimise level of choice
- Best practice
- Affordability
- Whole life impact
- Prevention - Spend now to save later

Richmond

- Access to services – transport, appointment times
- Need for more customer focus
- Prevention – including housing, physical fitness, etc
- Local data plus local assets -> solutions
- Partnership working
- Whole person – Person centred approach. More generic approach
- Lifestyle education – all ages, but start early
- Communication
- Deprivation

Scarborough

- Return on investment,
- Prevention – do now rather than pay more tomorrow
- Cost effectiveness (difficult to measure down the line)
- Long term view – looking to future needs
- Must dos (legislation)

- Impact on quality of life (as well as health)

Malton

- Prevention – invest now to save later
- Need not want
- Need for long term planning
- Service provision dependent on lifestyle change ??
- Probability of good outcome
- Cost benefit analysis

Selby

- Based on need
- Impact. Good return for investment
- Greatest good versus vulnerable. conundrum
- Prevention. Cost more later.
- Invest in skills to achieve outcomes
- Sources of income
- Smart working - partnership
- Budget management – avoid duplication
- Education around services available (to professionals and community)
- Costs may be cheaper to individual than state
- Essential services need to be cost effective
- Increase market place and mechanism to pay
- Contingency planning
- Cooperation
- Health needs of the community
- Target for maximum effect
- Accountability
- Political
- Vested interests
- Effectiveness – does what its meant to do/don't tolerate waste
- In context of assets in the community
- Clear information
- Transparency

Harrogate

- Statistics, data, evidence of need
- Accountability
- Ethics
- Affordability
- Prevention versus acute care (anticipatory), including mental health
- Ageing population
- Sustainability
- Reducing health inequalities
- Holistic/creative decisions/solutions (working with partners)
- Quality (needs to be adequate, appropriate, accessible)
- Community engagement and part of the solution (including family networks)

Using the outputs from each workshop, the following collated criteria were tested out at the final engagement event:

Is this non-discretionary?

Is this something that that is a 'must do' – i.e. is there a statutory obligation to provide the service and/or programme? If no – then use the following criteria:

1 Maximise health and wellbeing gain

Health gain refers to the magnitude of effect. This will be affected by the numbers of people affected by the condition or issue and also whether the magnitude of the effect of any

intervention or service. Though an intervention or service maybe effective the additional gains in terms of quantity and quality of life can be marginal over and above existing interventions or services.

2 Reduce inequalities

Ensure that any intervention and/or service provision at least does not widen inequalities and preferably reduces the inequalities gap.

3 Cost effective

Cost effectiveness refers to the cost per outcome from services/interventions. An intervention or programme that has a higher cost with the same outcomes as another should not be used.

4 Investing in health and wellbeing for the future

Does the intervention or programme lead to better outcomes in the future?

5 Affordability

The treatment/intervention must be affordable within the context of the budget as whole. The opportunity cost to other treatments/services must be considered when deciding on funding (i.e. what the funding could also have been spent on)

6 Accessibility

Any treatment or service provision needs to be accessible to all who might benefit. Accessibility may be influenced by means of access to a treatment / service, location, perception of the service or clinical or awareness of the service.

Finally, all decisions should be made in an ethical and transparent manner

Delegates were asked to give a relative score to each of the six criteria if the first criteria was given an arbitrary score of 10. Therefore if delegates thought that criteria 2 was more important than criteria 1 they would score it higher, and conversely less if they thought it was less important.

In total 66 people completed the exercise. The following weightings were derived based on the total number of scores given.

1	*Maximise health and wellbeing gain*	12.7%
2	*Reduce inequalities*	12.8%
3	*Cost effectiveness*	18.8%
4	*Investing in health and wellbeing for the future*	19.9%
5	*Affordability*	18.5%
6	*Accessibility*	17.3%

Therefore ‘investing in health and well-being for the future’ was seen to be the most important criteria.

However, when the individual’s ranking of the criteria was taken into account (i.e. if the highest scoring criteria is given a rank of 1, and the second highest scoring criteria is given a rank of 2 for each individual response), then ‘investing in health and well-being for the future’ came out as the most important again, but equal to ‘accessibility’.

Ranking

	Rank
1 Maximise health and wellbeing gain	5
2 Reduce inequalities	6
3 Cost effectiveness	4
4 Investing in health and wellbeing for the future	1
5 Affordability	3
6 Accessibility	1

It should be noted that these are not absolute weightings are should only be used as an indication as to what delegates on the day perceived to be more important.

The voluntary, community and social enterprise sector in North Yorkshire

In order to develop solutions we need to be aware of the community assets which are available through the voluntary, community and social enterprise sector.

The voluntary, community and social enterprise (VCSE) sector encompasses a highly diverse range of organisations that are neither public nor private sector, that exist for community benefit or charitable purposes, and do not distribute profits to shareholders. It includes community groups run exclusively by volunteers, self-help and self-advocacy groups, charities delivering a wide variety of services to disadvantaged people, and social enterprises that trade for socially beneficial purposes. Areas of activity include health and social care, learning and skills, arts, sports, children and young people, older people, community centres and village halls, social and recreational groups, housing, environment, criminal justice, faith, heritage and animal welfare. Whilst the vast majority of these organisations (92%) involve volunteers in their activities, use of volunteers is not the defining criterion for an organisation being ‘voluntary sector’: the term derives from such organisations being governed by a voluntary management committee, Board of Trustees or Board of Directors.

There is no single definitive listing of all VCSE organisations operating in North Yorkshire. Whilst charities and not-for-profit companies are required to register with regulatory bodies and constitute the ‘known sector’, there are significant numbers of smaller community groups which are not required to formally register their existence with anyone and operate ‘below

the radar'. Overall, it is estimated that in North Yorkshire and York there are 4,173 registered VCSE organisations and 1,151 unregistered[5].

North Yorkshire and York Forum maintains a database of over 4,000 VCSE organisations known to the Forum and the local Councils for Voluntary Service. This data is being made publicly available through the VCS Directory[6], which is searchable by District, activities, client groups and key words.

There is variation in the types of organisations that exist in different localities across the County, and in the numbers of sector organisations operating in different areas.

Charities in North Yorkshire own assets of over £470 million, and have an annual income in excess of £182 million (note these figures may be skewed by offices of national charities as data is assessed by postal location). It is most common for financial support to come from a range of sources, which also include charitable trusts, private donations, fundraising activities, and social enterprise activity (trading for a charitable or community benefit purpose) and around half receive some public sector funding (including Lottery funding).

Numbers, income, expenditure and assets of general charities in North Yorkshire, 2007/08

	Income (£m)	Expenditure (£m)	Assets (£m)	Number of general charities	Number of people (000s)
Craven	10.1	9.1	25.3	334	56.2
Hambleton	16.5	13.6	49.7	517	87.1
Harrogate	58.6	57.2	154.5	733	160.5
Richmondshire	8.5	7	28.9	268	51.5
Ryedale	56.9	49.3	134.1	312	53.5
Scarborough	22.3	21.8	39.9	355	108.5
Selby	9.8	8.7	40.3	273	82
North Yorkshire	182.7	166.7	472.7	2792	599.3

Source: Kane and Mohan 2010[7]

Just over half of the VCSE organisations in the sub-region employ staff, totalling 37,637 people, equivalent to 7% of the working age population.

It is estimated that organisations in North Yorkshire and York collectively involve 139,241 volunteers, equivalent to 22% of the population, and each week 367,517 hours of voluntary work is carried out in North Yorkshire and York[8].

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5 Involve Yorkshire & Humber (2011) Below the Radar? Unregistered third sector organisations in Yorkshire and the Humber– Briefing Leeds: Involve www.involveyorkshirehumber.org.uk/uploads/files/briefings/belowtheradarbriefing.pdf

6 Voluntary and Community Sector Directory. Available at www.vcsdirectory.org.uk

7 Kane D and Mohan J (2010) Mapping Third sector organisations in Yorkshire and The Humber Newcastle: Northern Rock Foundation. www.involveyorkshirehumber.org.uk/resources/reports/mapping-third-sector-organisations-in-yorkshire-the-humber/f

As detailed in the table below voluntary sector activity covers a very wide range of services and client groups. 12 % of organisations identify 'health and wellbeing' as their main activity, however relates primarily to specifically health (medical/disability) and social care activities, rather than to the wider determinants of health which are reflected in many of the other activities listed. Other wider determinants of health are also supported by the voluntary sector and include for example; Education and lifelong learning and economic wellbeing.

Main area of activity for VCSE organisations (%)

	National	North Yorkshire (excluding York)
Education and lifelong learning	28	29
Leisure (including sports and recreation)	21	28
Community development and mutual aid	17	21
Health and wellbeing (e.g. medical, health, sickness, disability, mental health)	17	12
Culture (including arts and music)	13	15
Religious/ faith-based activity	13	8
Training	10	8
Economic well-being (including economic development, employment and relief of poverty)	8	6
Cohesion / civic participation	6	6
Accommodation/housing	6	6
No answer given	6	6
Heritage	5	5
Capacity-building and other support for charities, social enterprises and/or voluntary organisations	5	5
Other *	5	6
Environment / sustainability	4	5
International development (e.g. overseas aid, famine relief)	4	3
Equalities / civil rights (e.g. gender, race, disabilities)	2	1
Criminal justice	1	0
Animal welfare	1	1
Cannot say	1	1

Source: National survey of Charities and Social Enterprises 2010[9]

8 Will Cook and Katie Schmuecker (2011) The Contribution of the Voluntary, Community and Social Enterprise (VCSE) sectors to LEP objectives. IPPR North
http://www.nyyforum.org.uk/index.php/news-detail/items/new-report-highlights-vcs-role-in-yny-economy.html

9 Cabinet Office (2010b). National Survey of Charities and Social Enterprises: Overall Report, North Yorkshire London: Cabinet Office

The voluntary sector plays a significant role in supporting health and wellbeing in the County. Whilst voluntary sector activity is found at all levels of care, it is especially focused at the lower levels, providing community-based preventative, early intervention and specialist services. These have tended to be developed to meet perceived gaps in mainstream statutory provision, but also reflect a strong commitment by the sector to a preventative and holistic approach to meeting the needs of individuals.

Relevant activities can be characterized in three broad groups:

- Specific services addressing the defined needs of client groups.
- Preventative and early intervention services.
- Opportunities for volunteering, community engagement, social or recreational activity.

It has been shown that volunteering has a positive effect on volunteers' health and can provide a pathway into learning and ultimately employment. There is also some evidence for improved outcomes for health service users achieved from use of volunteers in service delivery[10].

There is considerable potential for the voluntary sector to increase its contribution to health and wellbeing in the County; and a high level of interest in doing so. However, there are some barriers to be overcome in order for this potential to be realised. These include financial issues (impact of the economic climate on traditional funding sources; restructuring of funding sources including personalisation); related issues of capacity to engage strategically with commissioners (which can be a particular problem for smaller organisations with few or no paid staff). The trend towards larger contracts, where smaller organisations need to collaborate in order to achieve sufficient scale to bid successfully, presents particular challenges.

The voluntary sector in North Yorkshire, despite its diversity, is well networked and there are regular network meetings on health and wellbeing issues in most areas, organised by local Councils for Voluntary Services. For further information please contact North Yorkshire and York Forum www.nyyforum.org.uk.

[10] Casiday et al (2008) *Volunteering and Health: what impact does it really have?* University of Lampeter http://www.volunteering.org.uk/resources/volunteeringinhealth/volunteering-and-health-what-impact-does-it-really-have

Section 4: Geographical Summaries

A Profile of North Yorkshire

Population

North Yorkshire has a population of 599,700 (ONS 2010 Mid Year Population Estimates[11]). It is a predominantly rural county with just seven towns that have a population of more than 15,000 people. Two of the seven towns (Scarborough and Harrogate) have populations exceeding 50,000 people. Outside these urban centres and market towns North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as super sparse (less than 50 persons/km). This leads to challenges in delivering services efficiently in remote rural areas.

North Yorkshire Population Densities (Based on ONS 2010 Mid-Year Population Estimates)

District	Area (sq km)	People per sq km
Ryedale	1,507	36
Richmondshire	1,319	40
Craven	1,177	47
Hambleton	1,311	67
Harrogate	1,308	121
Scarborough	817	133
Selby	599	138
North Yorkshire	8,038	75
England	130,279	401

In 2010 an estimated 20.3% of the population of North Yorkshire were aged 65 and over, considerably higher than the national average of 16.5%. Within the county, the proportion of people aged 65 and over was highest in Scarborough at 22.9%, an increase from 21.5% in 2001, while Selby had the lowest proportion at 16.5%, though this was an increase from the 2001 figure of 14.7%.

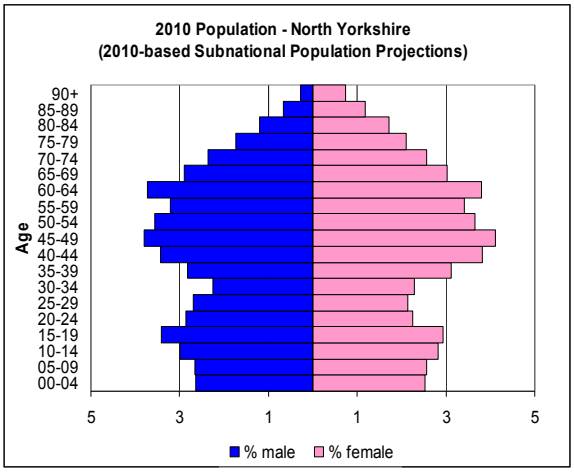
North Yorkshire Population by Age bands (ONS 2010 Mid Year Population Estimates)

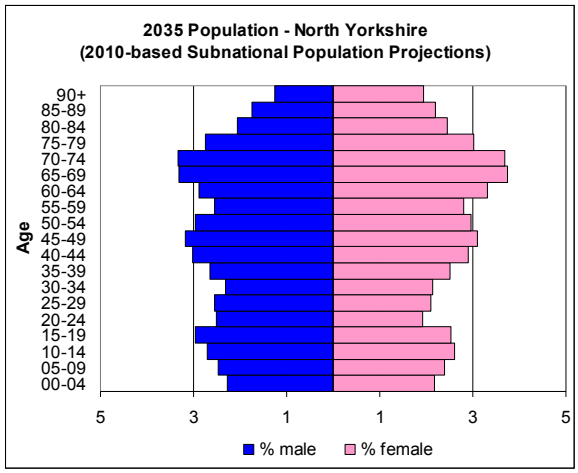
District	all age population	0-15 years		16-64 years		65 years and over	
		number	percentage	number	percentage	number	percentage
Craven	55,400	9,200	16.6%	33,600	60.6%	12,700	22.9%
Hambleton	87,600	15,100	17.2%	53,700	61.3%	18,800	21.5%
Harrogate	158,700	28,200	17.8%	99,700	62.8%	30,800	19.4%
Richmondshire	53,000	9,300	17.5%	34,700	65.5%	8,900	16.8%
Ryedale	53,600	9,000	16.8%	32,600	60.8%	12,000	22.4%
Scarborough	108,600	17,500	16.1%	66,200	61.0%	24,900	22.9%
Selby	82,900	15,600	18.8%	53,600	64.7%	13,700	16.5%
N. Yorkshire	599,700	103,800	17.3%	374,200	62.4%	121,800	20.3%
England	52,234,000	9,766,300	18.7%	33,861,400	64.8%	8,606,300	16.5%

[11] ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=326

The population of North Yorkshire is increasing and ageing with a projected population of 650,400 by 2035[12]. The growth is driven largely by in-migration from other parts of the UK, with pre-retirement and the recently retired age groups forming a substantial part of the in-migrant population[13].

The combination of migration and longer life expectancy mean that the population of older people (65 and over) is expected to increase from 20.3% in 2010 to 31.5% by 2035 while the population aged 0-19 years is expected to fall from 22.6% to 20.1% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of North Yorkshire County has a smaller proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average but it is becoming increasingly diverse. Non-white groups make up 7.6% of the North Yorkshire population in comparison to 17.2% of the population of England. Harrogate has the highest proportion of BAME groups in the county, making up 10.4% of the population, of which 'Chinese or Other Ethnic Group' accounts for the largest proportion (ONS Mid-2009 Population Estimates Experimental Data[14]).

Over recent years the county has seen a substantial influx of Eastern Europeans and other ethnic groups. Harrogate Borough is highlighted as having the highest rate of Flag 4 GP registrations[15] (registrations of people previously residing overseas) in the county. Richmondshire, with its substantial military population, particularly at Catterick Garrison has the highest proportion of births to mothers born outside the UK[16] and the highest rate of

[12] ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

[13] Projecting Adult Needs and Service Information. Available at http://www.pansi.org.uk

[14] Population Estimates by Ethnic Group figures produced by ONS. Available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

[15] Flag 4 GP Registrations. Available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=328

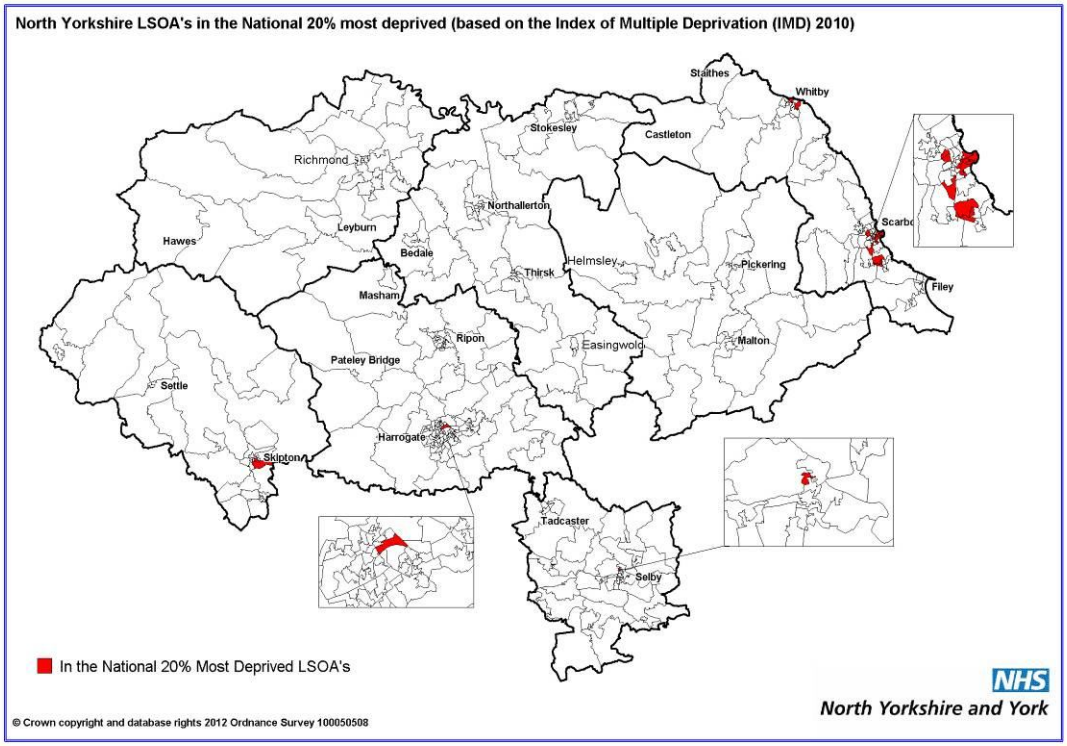
[16] Live Births by country of Birth of Mother. Available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=207

National Insurance Number registrations by non-UK nationals[17] seen in North Yorkshire although both indicators are below the national average.

Deprivation

Deprivation compared to the national average

North Yorkshire is a relatively prosperous county compared to the rest of England, although there are pockets of deprivation. The 2010 Index of Multiple Deprivation (IMD) identifies eighteen Lower Super Output Areas (LSOAs) within North Yorkshire which are amongst the 20% most deprived in England. Fourteen of these LSOAs are in Scarborough district (around Scarborough and Whitby), two in Craven district (around Skipton), one in Selby district and one in Harrogate district[18]. The map below identifies these areas.



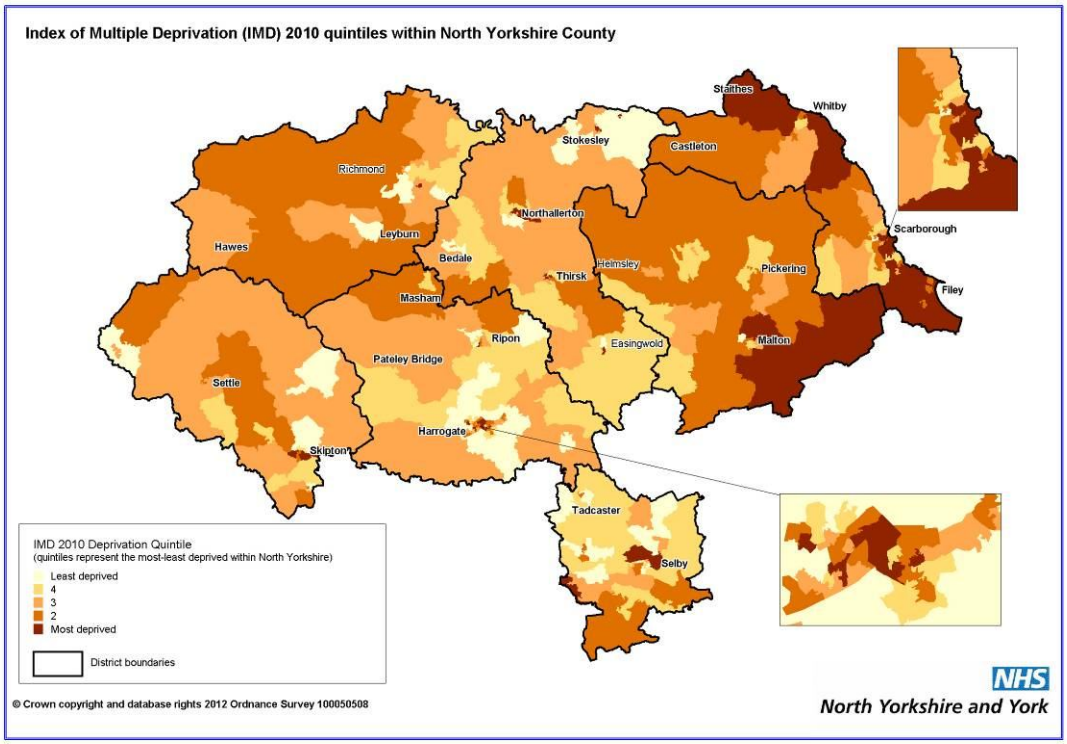
Despite being relatively prosperous compared to the national average based on the overall IMD scores, areas right across the county suffer deprivation specifically in relation to access to services (one of the components that make up the overall IMD score). Of North Yorkshire's 370 LSOAs, 27 are in the most deprived 1% of England's LSOAs (ranked by the Geographical Barriers deprivation index) and 354 in the top 20%. The Geographic Barriers deprivation index is calculated from: Road distance to a GP surgery, Road distance to a supermarket or convenience store, Road distance to a primary school, Road distance to a Post Office.

[17] National Insurance Number registrations by non-UK nationals available in STREAM Local at http://www.streamlis.org.uk/QuickLink.aspx?id=310

[18] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk

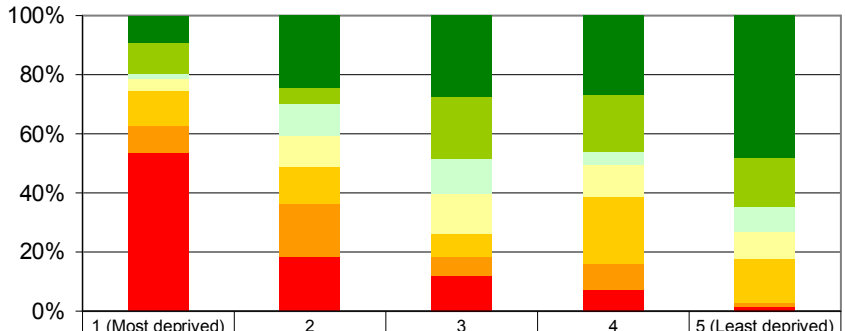
Deprivation within North Yorkshire

Based on the overall IMD score, the map below shows the most and least deprived areas within North Yorkshire, (i.e. the most deprived fifth of the population within North Yorkshire through to the least deprived). Each of the districts has at least one LSOA that falls into the most deprived fifth of North Yorkshire County.



The chart below shows the proportion of the population of the quintiles outlined in the map above in each district. Over half (53.7%) of the most deprived quintile are located within Scarborough district and just under half (48.2%) of the least deprived quintile are located in Harrogate district.

Distribution of population within North Yorkshire deprivation quintles by district of residence (districts appear in order of overall IMD 2010 score)



	1 (Most deprived)	2	3	4	5 (Least deprived)
Harrogate	9.1%	24.6%	27.4%	27.0%	48.2%
Hambleton	10.7%	5.2%	21.0%	19.1%	16.3%
Richmondshire	1.6%	10.8%	12.0%	4.5%	8.8%
Craven	4.0%	10.4%	13.3%	10.6%	8.9%
Selby	12.0%	12.8%	7.9%	22.9%	14.9%
Ryedale	8.9%	17.8%	6.5%	8.7%	1.4%
Scarborough	53.7%	18.4%	11.9%	7.2%	1.4%

Source: Exeter population Sept 2011, IMD 2010

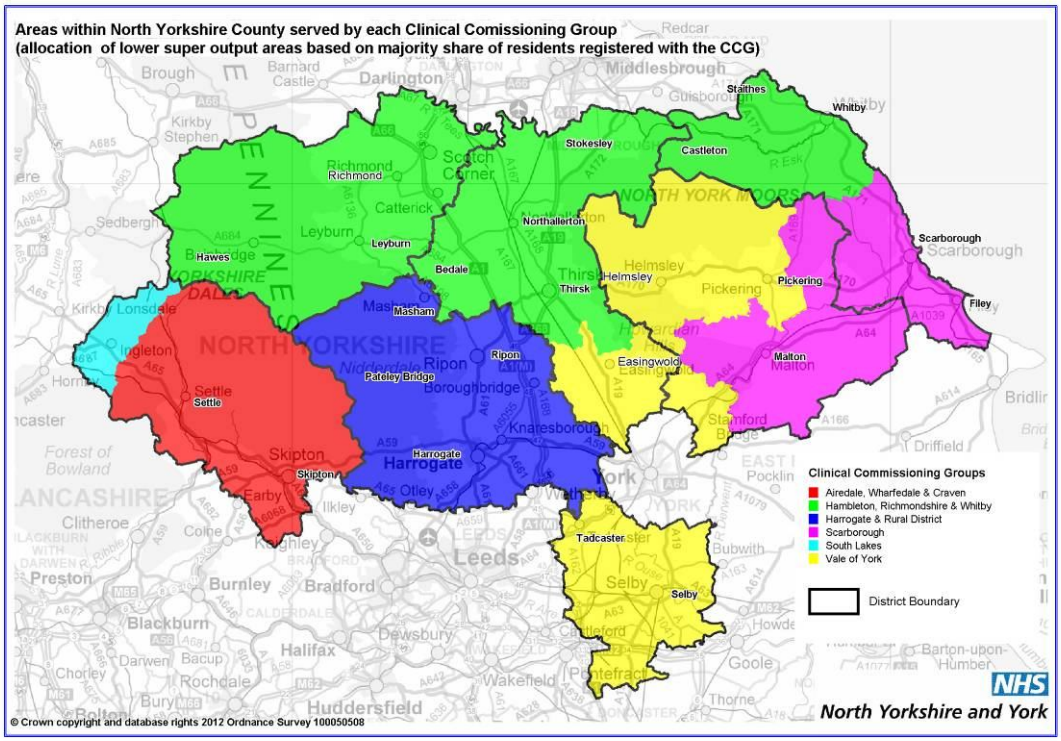
Other factors related to deprivation

The unemployment claimant count rate[19] in North Yorkshire increased from 2.4% (8901 claiming Job Seekers Allowance) in July 2011 to 2.8% (10615 claimants) in January 2012. In January the highest claimant rate was in the Scarborough district (5.1%), the lowest in Richmondshire (2.0%).

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in North Yorkshire during 2009 was 12.3% compared with a national average of 21.9%[20]. With the exception of Scarborough (22.1%), the district council areas in North Yorkshire each have a level of child poverty below the national average. In all districts, with the exception of Richmondshire, child poverty in 2009 was higher than in 2008.

Clinical Commissioning Groups

North Yorkshire will be served by six Clinical Commissioning Groups (CCGs). The map below illustrates the distribution of the registered population by Clinical Commissioning Group across the districts within North Yorkshire County. Some clinical commissioning groups are contained within one or two districts (e.g. Harrogate & Rural CCG where 98% of its registered patients live in Harrogate district). Other CCGs have a wider geographical spread with patients registered in a number of districts (e.g. Hambleton, Richmondshire and Whitby CCG).



[19] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805 Rates are expressed as the percentage of the resident working-age (16-64) populations from the 2010 Mid-Year Population Estimates

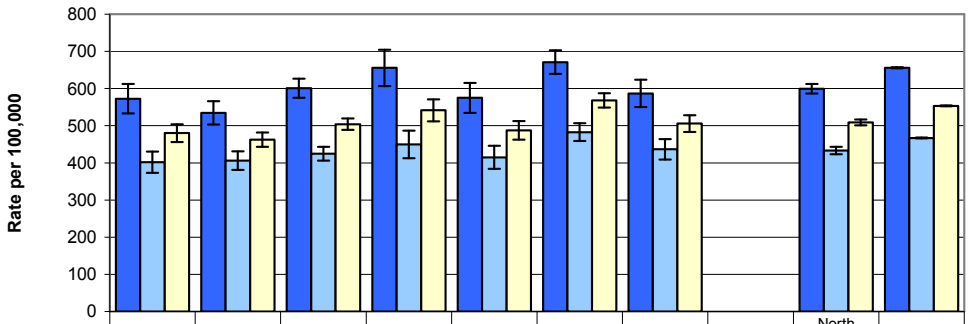
[20] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

Outcomes

During 2006-08, data from the Health Survey for England suggested that 80.3% of the population of North Yorkshire deemed their health to be “good” or “very good”, statistically significantly higher than the national average of 75.5%[21].

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. The AAACM rate is improving in North Yorkshire at a similar pace compared to the national average[22]. During 2008-10, the rate was 509 per 100,000, statistically significantly lower than the national average of 553. Mortality is higher amongst males compared to females.

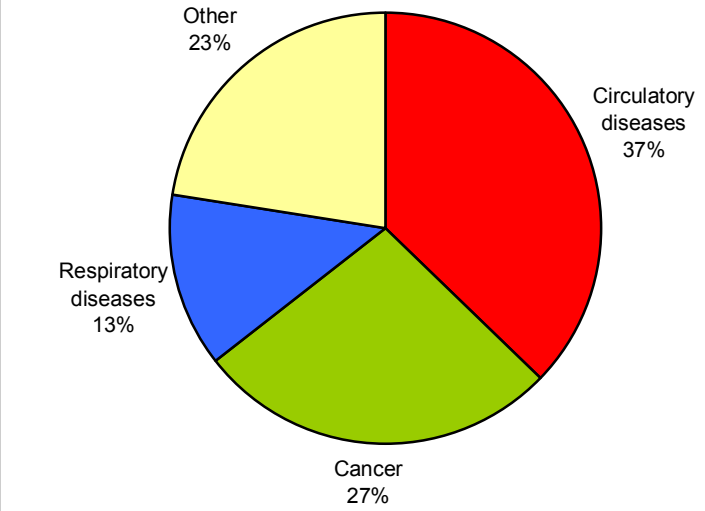
All age all cause mortality, DSR per 100,000, 2008-10



	Craven	Hambleton	Harrogate	Richmond'	Ryedale	Scarb'	Selby	North Yorkshire	England
Male	573	534	601	656	575	671	587	600	656
Female	402	406	425	450	415	483	437	433	467
People	480	462	504	541	487	568	506	509	553

Source: NHS Information Centre, ONS

Deaths by cause, 2008-2010, North Yorkshire



Source: ONS Annual District Deaths Extract

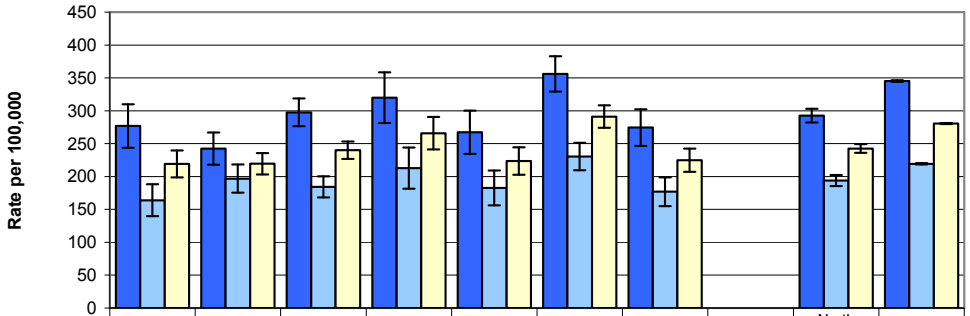
Circulatory diseases are the leading cause of death amongst residents of North Yorkshire accounting for 37% of all deaths.

[21] NHS Information Centre, Health Survey for England. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

[22] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

The premature death rate (aged under 75 years) from all causes was significantly lower than the national average of 281 per 100,000 during 2008-10 in North Yorkshire (243 per 100,000). Scarborough was the single district with a rate above the national average, though this difference was not statistically significant[23].

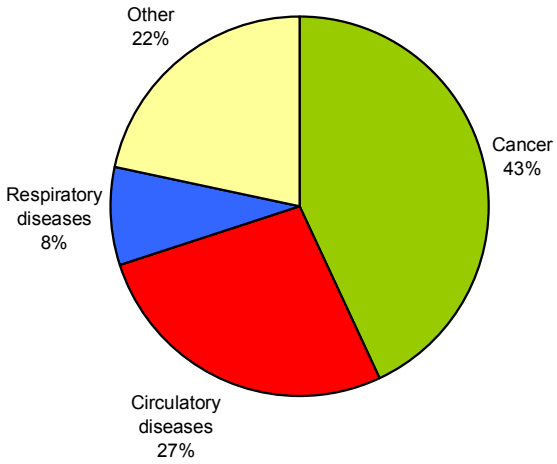
All cause mortality, age <75 years, DSR per 100,000, 2008-10



	Craven	Hambleton	Harrogate	Richmond'	Ryedale	Scarb'	Selby	North Yorkshire	England
Male	277	242	298	320	267	356	274	293	345
Female	164	197	184	213	183	230	177	194	219
People	219	219	240	266	224	291	225	243	281

Source: NHS Information Centre, ONS

Deaths by cause (aged <75 years), 2008-2010, North Yorkshire



Source: ONS Annual District Deaths Extract

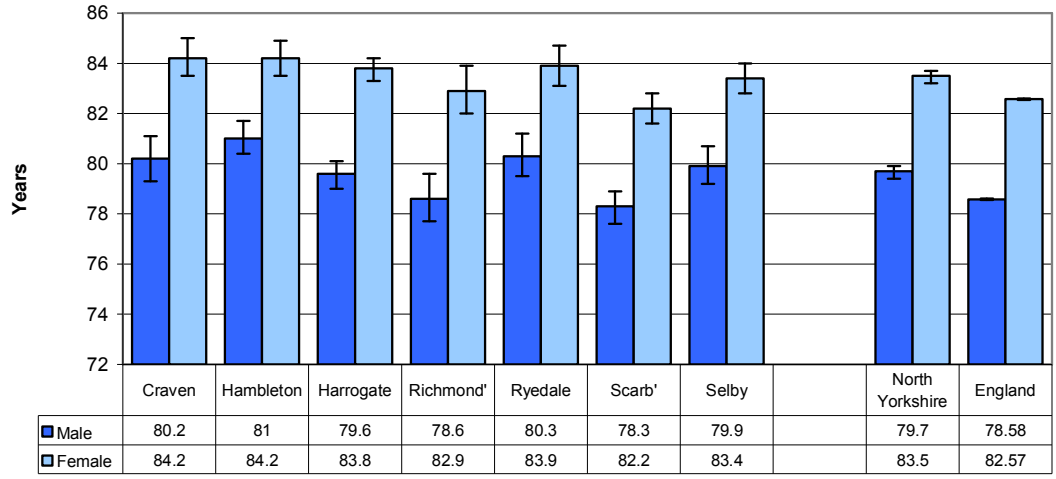
The leading cause of death for those dying prematurely (<75 years) in North Yorkshire is Cancer, accounting for 43% of all deaths.

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in North Yorkshire was 79.7 and females 83.5, significantly higher than the national averages of 78.6 and 82.6. In most instances, the district level data compared favourably to the national average with the exception of Scarborough, where life expectancy was lower (but not statistically significantly so) and Richmondshire, where life expectancy was the same as the national average[24].

[23] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

[24] NHS Information Centre, ONS. Available at: https://www.indicators.ic.nhs.uk/webview/ accessed 01/02/2012

Life expectancy at birth, 2008-10

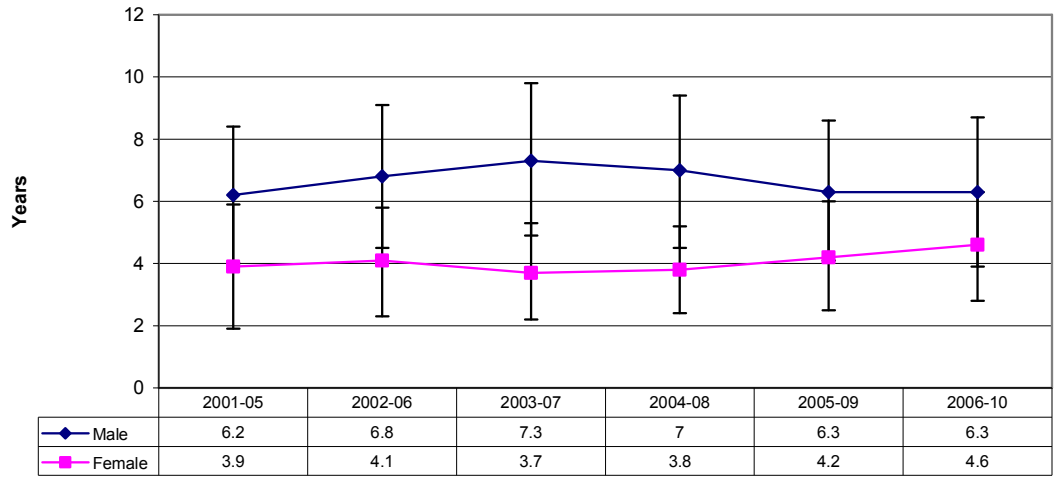


	Craven	Hambleton	Harrogate	Richmond'	Ryedale	Scarb'	Selby		North Yorkshire	England
Male	80.2	81	79.6	78.6	80.3	78.3	79.9		79.7	78.58
Female	84.2	84.2	83.8	82.9	83.9	82.2	83.4		83.5	82.57

Source: NHS Information Centre, ONS

However, when comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in North Yorkshire's most deprived communities will die, on average 6.3 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in North Yorkshire will die, on average 4.6 years earlier than those in the least deprived communities in North Yorkshire[25]. Between 2001 and 2007, the Slope Index of Inequalities (SII) appeared to be rising for males yet over the last few years has started to fall which is encouraging. The SII for females had been fairly stable between 2001 and 2007 but has increased over the last few years. However, these changes should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), trend for North Yorkshire, 2001-2010



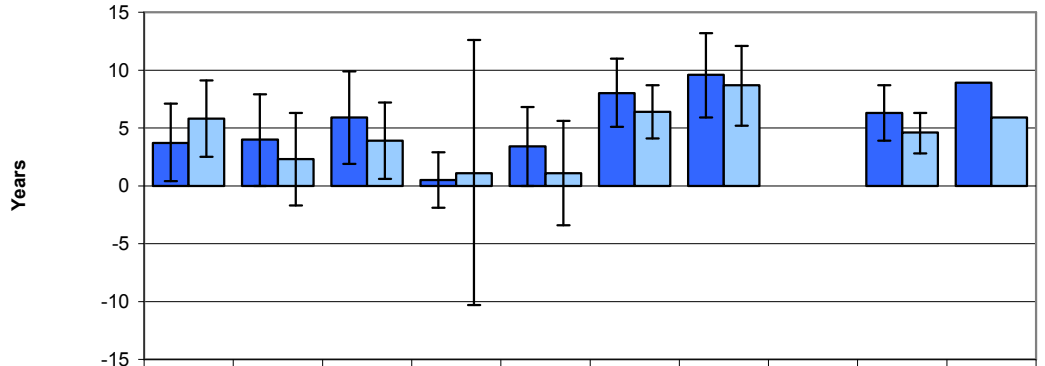
	2001-05	2002-06	2003-07	2004-08	2005-09	2006-10
Male	6.2	6.8	7.3	7	6.3	6.3
Female	3.9	4.1	3.7	3.8	4.2	4.6

Source: LHO

The SII within each district suggest that greater levels of inequalities exist within Selby and Scarborough districts compared to the remainder of the county.

[25] Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012

Slope Index of Inequalities (SII), 2006-10

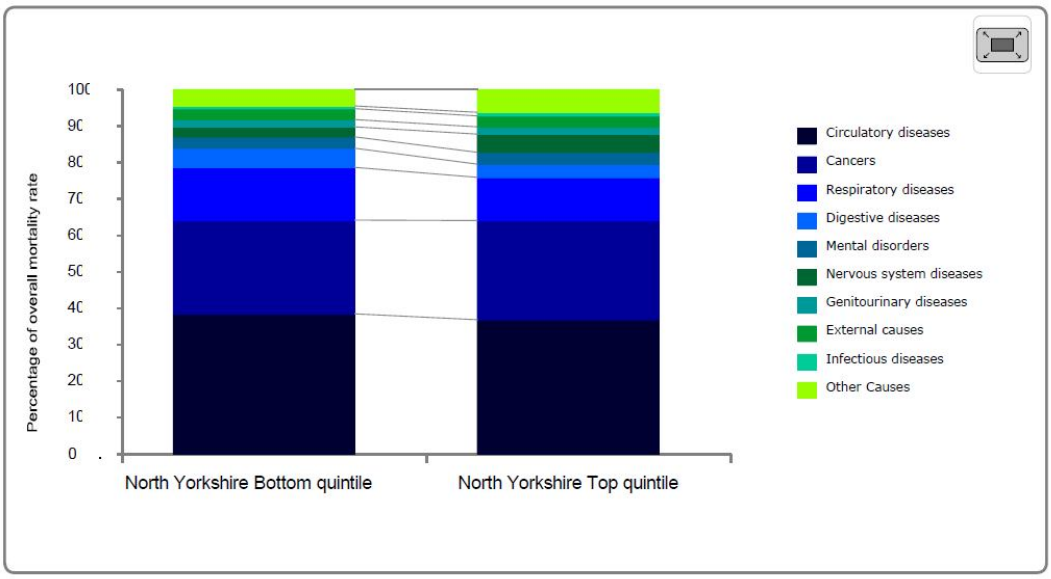


	Craven	Hambleton	Harrogate	Richmond'	Ryedale	Scarb'	Selby		North Yorkshire	England
Male SII	3.7	4	5.9	0.5	3.4	8	9.6		6.3	8.9
Female SII	5.8	2.3	3.9	1.1	1.1	6.4	8.7		4.6	5.9

Source: NHS Information Centre, ONS

The chart below shows the proportion of the overall mortality rate by cause for the most and least deprived quintiles in North Yorkshire[26]. The implications of this analysis are that people in the most deprived communities are dying from potentially preventable conditions (circulatory and respiratory diseases), compared to their more affluent counterparts.

Cause-specific mortality profiles for North Yorkshire Bottom quintile and North Yorkshire Top quintile, 2005-9 combined



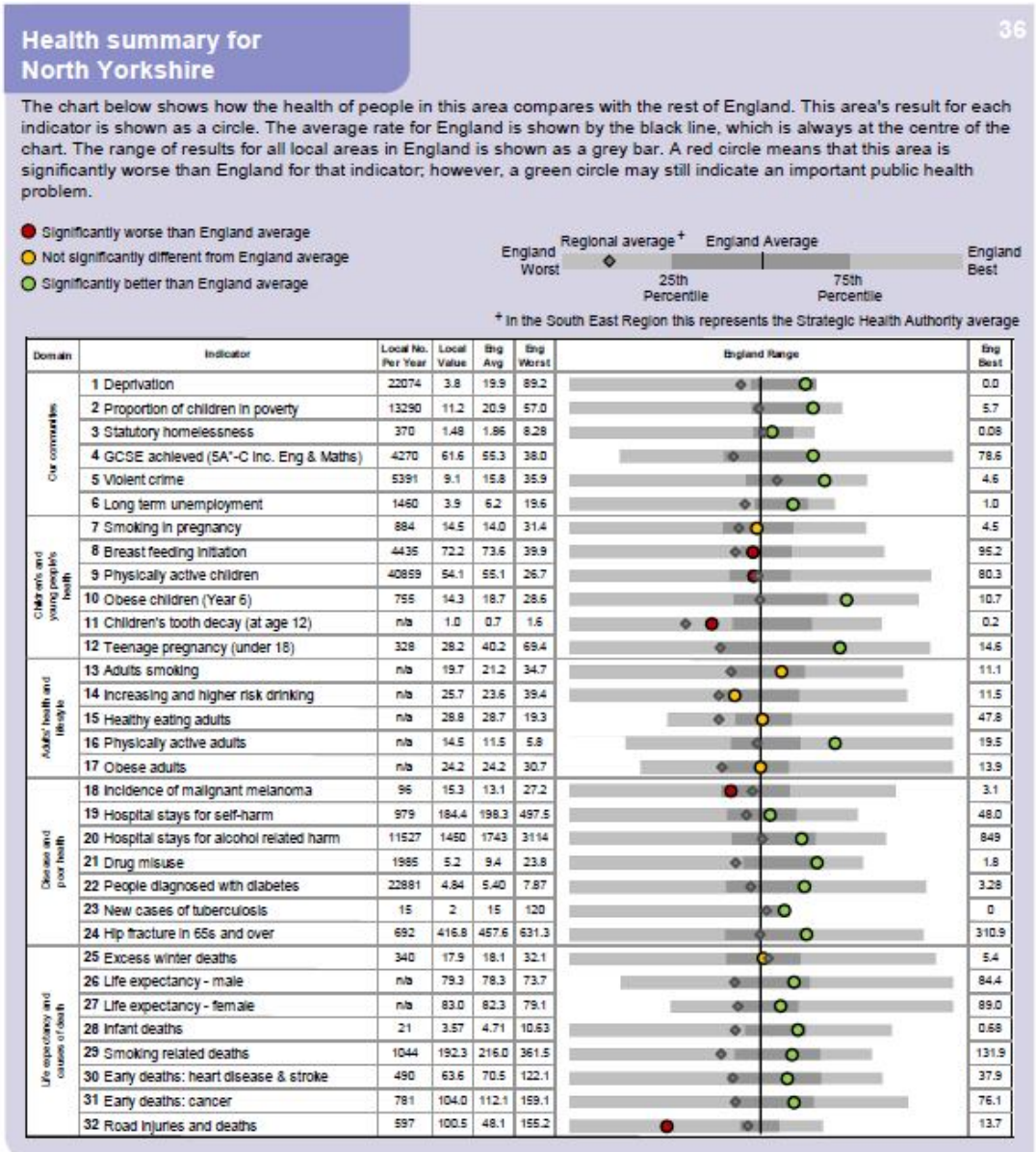
Healthy life expectancy and disability-free life expectancy are estimates of the number of expected years in good health or without a disability for a population. In North Yorkshire, there is a difference of 6.1 years for men and 7.5 years for women between the most deprived and the least deprived quintiles in disability free life expectancy[27].

[26] SEPHO Health Inequalities Gap Measurement Tool. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 11/01/2012

[27] LHO. Marmot Indicators for Local Authorities in England. Available at: http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx accessed 11/01/2012

Community Health Profile for North Yorkshire

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. The health summary that appeared in the 2011 profile for North Yorkshire is shown below, outlining how the health of people in North Yorkshire compares with the rest of England. 2012 profiles will be published in summer 2012 - www.apho.org.uk/default.aspx?RID=49802.



Health summary for North Yorkshire 36

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | Regional average + | England Average | England Best | 25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	22074	3.8	19.9	89.2		0.0
	2 Proportion of children in poverty	13290	11.2	20.9	57.0		5.7
	3 Statutory homelessness	370	1.48	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	4270	61.6	55.3	38.0		78.6
	5 Violent crime	5391	9.1	15.8	35.9		4.6
	6 Long term unemployment	1460	3.9	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	884	14.5	14.0	31.4		4.5
	8 Breast feeding initiation	4435	72.2	73.6	39.9		95.2
	9 Physically active children	40859	54.1	55.1	26.7		80.3
	10 Obese children (Year 6)	755	14.3	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	1.0	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	328	28.2	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	19.7	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	25.7	23.6	39.4		11.5
	15 Healthy eating adults	n/a	28.8	28.7	19.3		47.8
	16 Physically active adults	n/a	14.5	11.5	5.8		19.5
	17 Obese adults	n/a	24.2	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	96	15.3	13.1	27.2		3.1
	19 Hospital stays for self-harm	979	184.4	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	11527	1460	1743	3114		849
	21 Drug misuse	1985	5.2	9.4	23.8		1.8
	22 People diagnosed with diabetes	22881	4.84	5.40	7.87		3.28
	23 New cases of tuberculosis	15	2	15	120		0
	24 Hip fracture in 65s and over	692	416.8	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	340	17.9	18.1	32.1		5.4
	26 Life expectancy - male	n/a	79.3	78.3	73.7		84.4
	27 Life expectancy - female	n/a	83.0	82.3	79.1		89.0
	28 Infant deaths	21	3.57	4.71	10.63		0.68
	29 Smoking related deaths	1044	192.3	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	490	63.6	70.5	122.1		37.9
	31 Early deaths: cancer	781	104.0	112.1	159.1		76.1
	32 Road injuries and deaths	597	100.5	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

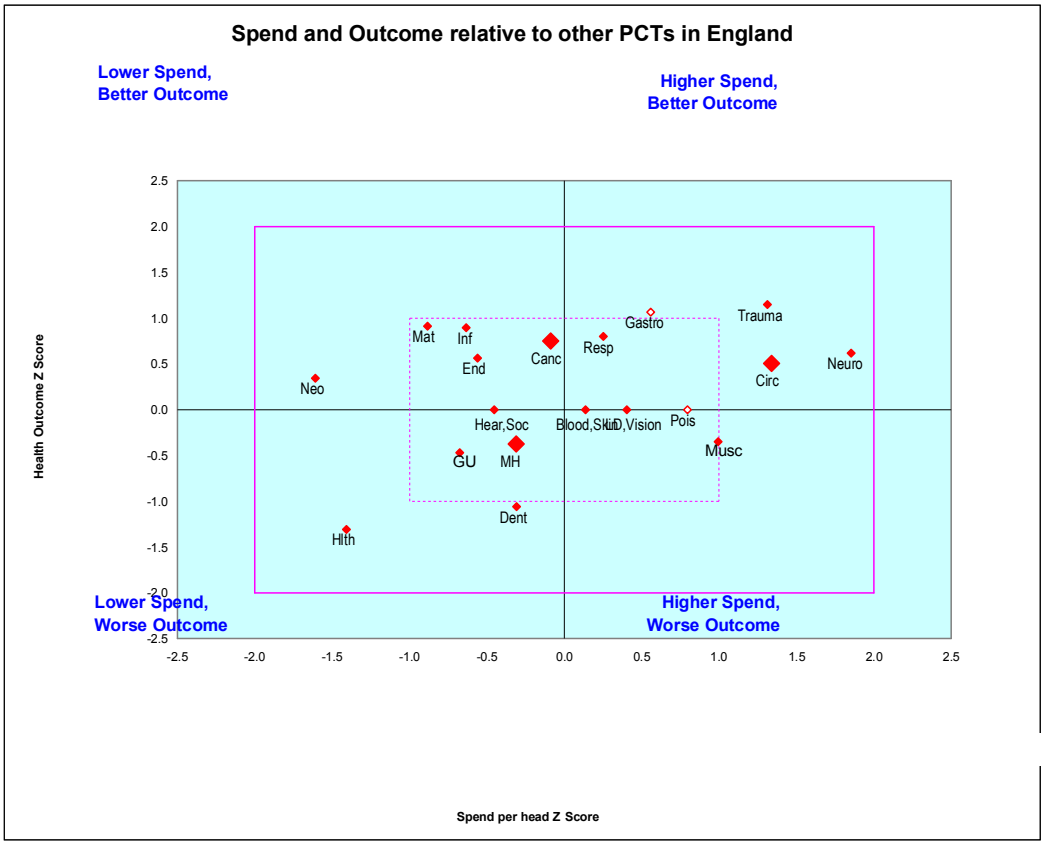
For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

Source: Department of Health, © Crown Copyright 2011

Spend and Outcome

Programme Budgeting is a technique for assessing investment in health programmes rather than services and has been established in PCTs since 2003/04. The chart below plots spends and outcomes for each programme budget category and shows how far away North Yorkshire and York is from the national average in each case[28]. A programme lying outside the solid box area may indicate the need to investigate further. If it lies to the right or left of the box, the spend may need reviewing and if it lies to the bottom or top of the box, the outcome may need reviewing. Programmes outside the box at the corners may need a review of both spend and outcome. NHS North Yorkshire and York has no areas where it is an outlier on spend or outcome.

NHS North Yorkshire and York, 2010/11



◇ No outcome indicators readily available
♦ Outcome indicators available

Programme Area Abbreviations

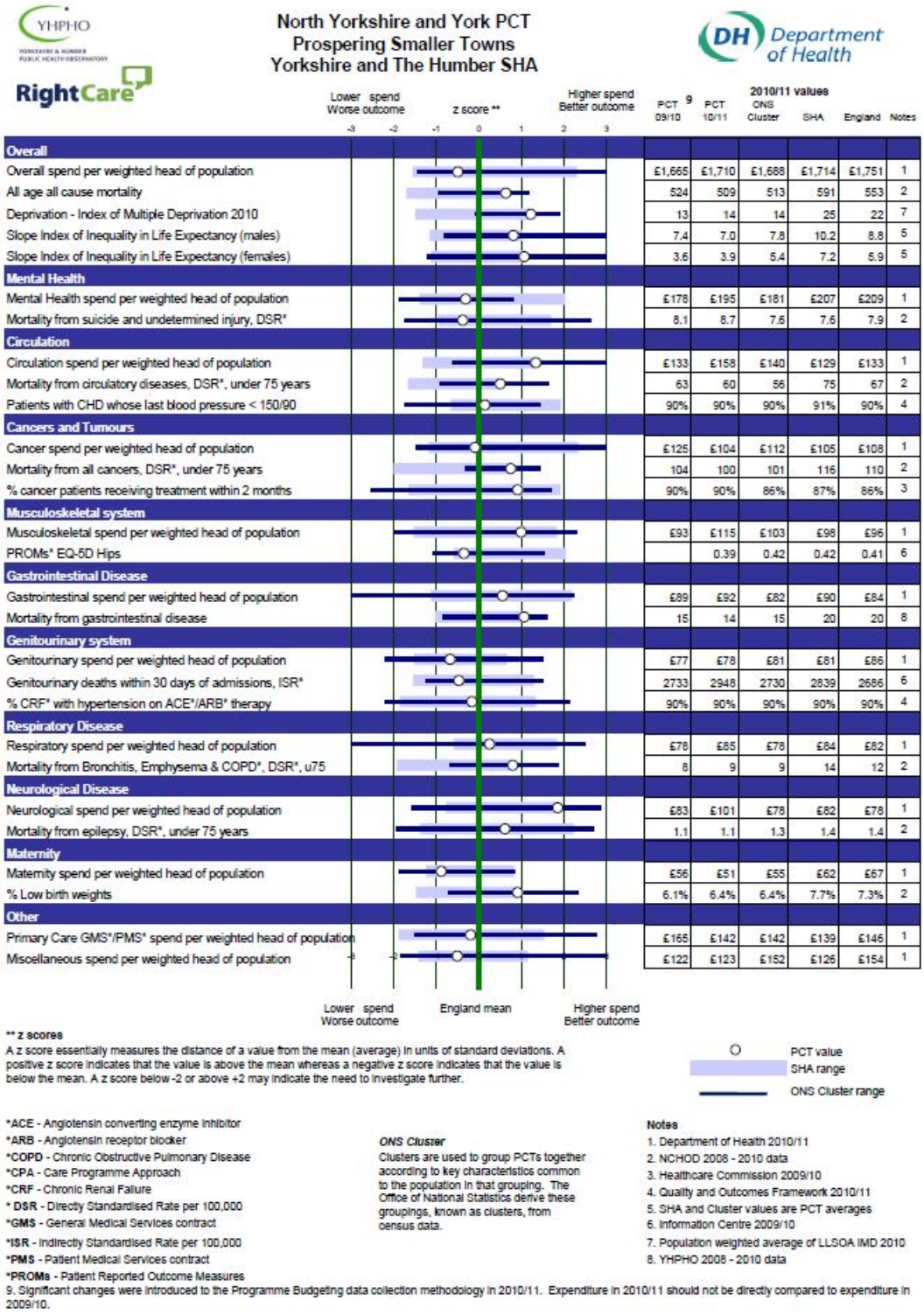
Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hlth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pois	Trauma & Injuries	Trauma		

The chart below shows the spend per head and associated outcome measures for each programme budget category. Overall, NHS North Yorkshire and York spend less per head of the population than the national average (though this difference is not statistically significant). Compared to similar PCTs (ONS cluster 'prospering smaller towns')[29], spend is

[28] YHPHO. Spend and Outcomes Tool (SPOT tool) available at: http://www.yhpho.org.uk/default.aspx?RID=49488 accessed 25/04/2012

[29] YHPHO. Spend and Outcomes Tool (SPOT tool) available at: http://yhpho.org.uk/quad/Default.aspx accessed 25/04/2012

slightly higher per head. North Yorkshire and York's highest spend areas, excluding programme 23 (Other) are £195 per head per year on Mental Health (yet this is below the national and cluster averages of £201 and £181), £158 on Circulation (above the national and cluster averages) and £115 on Musculoskeletal (above the national and cluster averages).



‘Big Issues’

There is a clear indication from the breakdown of the ‘Big Issues’ received from people across the county that the big health and wellbeing issues for the people in North Yorkshire are concentrated around access and availability of services. They want there to be good transport facilities to allow then to travel for health appointments, work, leisure, etc. They want services to be accessible conveniently by time and place and to appropriately meet their needs, particularly for people with learning or other disabilities. The following table summarises the received ‘Big Issues’ by topic area.

Issues received by issue category	
Issue	**% of received issues**
Service availability	15.5
Access to services	19.4
Transport	9.2
Physical activity	6.3
Housing	3.4
Mental health	3.1
Alcohol	2.9
Safeguarding	2.4
Domestic Abuse	2.1
Employment	1.6
Education	1.6
Drugs	1.3
Carers support	1.3
Information	1.3
Equalities	1.0

A high percentage (over 31%) of the ‘Big Issues’ were received from people with learning disabilities or organisations representing them. This reflects the level of engagement and enthusiasm around the JSNA process expressed by both individuals and the learning disabilities partnership boards. The JSNA and ‘Big Issues’ were discussed at various events for people with learning disabilities across the county.

Issues received about particular population group	
Population Group	**% of received issues**
Learning Disabilities	31.5
General	20.2
Physical Disabilities	16.2
Older People	13.1
Adults	7.7
Young People	3.7
Carers	2.6
Gypsies & Travellers	2.3
Voluntary Sector	1.4
Visual Impairment	1.1

Where the location of the person/organisation submitting the issue was known, the Harrogate district had the highest number of submitted issues followed by Hambleton. Since this primarily records from where an issue was submitted it should be taken as an indication of the level of engagement with the JSNA process rather than an indication of the concentration of Health and wellbeing issues across the county.

Issues received by Geographical area	
Area	**% of received issues**
County wide/not specified	29.3%
Craven	2.4%
Hambleton	13.6%
Hambleton & Richmondshire	12.9%
Harrogate	24.5%
Harrogate & Craven	2.0%
Richmondshire	2.0%
Ryedale	3.4%
Scarborough	4.1%
Scarborough & Ryedale	1.4%
Selby	4.4%

There appeared to be little significant link between issue categories and location, apart from more comments around transport and access to local services being received, unsurprisingly, from the more rural parts of the county.

During the JSNA events held around the county in December 2011 and January 2012 people were asked to think about what were North Yorkshire's and their local area's big health and wellbeing issues. A wide range of views were expressed and discussed during the events, however access to services featured as a recurring issue at all of the events.

Issues that were raised at several of the events were:

- Access to services
- Isolation
- Prevention including reablement
- Transport
- Lifestyle education
- Alcohol
- Community based services
- Information services
- Mental Health services
- Partnership working

Other issues included carers, implications of an ageing population and eligibility for service versus lifestyle choices.

The following table lists the issues mentioned during the JSNA events grouped into topics.

JSNA Events - Health and Wellbeing issues grouped by topic
X=topic mentioned during district event

Issue	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby
Access to services	x	x	x	x	x	x	x
Isolation	x	x	x		x	x	x
Lifestyle education	x	x		x	x	x	
Prevention including reablement	x	x	x	x	x		
Transport	x	x	x	x	x		
Alcohol		x	x		x	x	
Community based services	x			x	x	x	
Information			x	x	x	x	
Mental Health		x	x			x	x
Partnership working				x	x		x
Carers			x			x	
Eligibility for service versus lifestyle (responsibility)	x						x
Implications of an ageing population		x			x		
Quick fixes, flexibility	x						
Use of parish councils	x						
Use of technology to bring services “local”	x						
Employment (Learning disabilities, Youth)		x					
Housing		x					
Discharge from hospital – joined up working		x					
Respect for other people		x					
Support Officer		x					
Children and young families			x				
Links between debt and mental health.			x				
Domestic violence unreported - hidden)			x				
Hate crime against people with disabilities (unreported - hidden).			x				
IT addiction (especially young people – gaming, etc.). Opportunity to engage positively (e.g. social networking)			x				
Better IT connections between partner agencies			x				
Ensuring community health teams are able to continue to offer services at home – early warning/detection			x				
Physical activity (links to active ageing/mental health)			x				
Fuel and food poverty (costs of living in Harrogate can be higher)			x				
Need for more customer focus				x			
Deprivation				x			
Whole person – Person centred approach More generic approach				x			
Advocacy						x	
Need doors opening to access community assets						x	
Affordable childcare						x	
Equal access to services (especially interpreters in health services)						x	
Accommodation and housing – link to mental health. Avoiding ghettos						x	
No short term funding – look to the future						x	
Obesogenic environment						x	
Avoid duplication of services						x	
Stop Consultancy						x	
Social and family networks – intergenerational opportunities							x
Boredom causing social problems							x
Volunteer recruitment (over legislation)							x

Unmet Needs Identified across North Yorkshire

Marmot Domains

The JSNA has identified need in North Yorkshire. This need has been captured and mapped according to the Marmot domains of 'Fair Society, Fair lives (The Marmot Review)', an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England, from 2010[30].

A Give every child the best start in life

- reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills
- ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient
- build the resilience and wellbeing of young children across the social gradient.

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- reduce the social gradient in skills and qualifications
- ensure that schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people
- improve the access and use of quality life-long learning across the social gradient.

C Create fair employment and good work for all

- improve access to good jobs and reduce long-term unemployment across the social gradient
- make is easier for people who are disadvantaged in the labour market to obtain and keep work
- improve quality of jobs across the social gradient.

D Ensure a healthy standard of living for all

- establish a minimum income for healthy living for people of all ages
- reduce the social gradient in the standard of living through progressive taxation and other fiscal policies
- reduce the cliff edges faced by people moving between benefits and work

E Create and develop healthy and sustainable places and communities

- develop common policies to reduce the scale and impact of climate change and health inequalities
- improve community capital and reduce social isolation across the social gradient.

[30] Fair Society, Healthy Lives (The Marmot Review), University College London, 2010. Available at http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

F Strengthen the role and impact of ill-health prevention

- prioritise prevention and early detection of those conditions most strongly related to health inequalities
- increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

A Give every child the best start in life

Keeping children safe and protected from harm

What did we find?

- North Yorkshire continues to be a place where the majority of children and young people feel safe.
- Although we are making progress and moving in the right direction, there is still more work to do to ensure the safety of all of North Yorkshire's children and young people, particularly with reference to the county's most vulnerable children. Outcomes for the county's Looked After Children have not improved in some areas with figures showing that these vulnerable young people continue to be at risk of participating in risky behaviours, have lower self esteem than the county overall and are less likely to stay in full time education after Year 11. Children with disabilities or long term illnesses also seem to experience lower outcomes, with higher chance of being bullied, worrying about being different and more chance of injury and risk-taking behaviour.

What do we need to do?

- North Yorkshire Children and Young People's Plan sets out a clear commitment to improving the safety and outcomes for all of our children and young people, including the most vulnerable, and increasing support to families to address and resolve their issues through targeted and integrated services.

Child Poverty

What did we find?

- Child poverty is usually defined as the percentage of households with children in which income is less than 60% of the national median; however it is a complex concept.
- 11.8% of children (14,035) in North Yorkshire were considered to be living in poverty in 2009.
- Child poverty is most prevalent around urban areas like Scarborough, Northallerton, Thirsk, Skipton, Selby, the Harrogate/Knaresborough conurbation, and in Catterick.

What do we need to do?

- The North Yorkshire Children and Young People's Plan Key Delivery Objectives associated with child Poverty are:

  ES2.1: Develop multi-agency support to help all families engage in training and employment
  - Support parents with a history of worklessness and disadvantage to be economically viable.
  - Consolidate and develop partnership work to ensure that adult learners' needs are met, with a particular emphasis on developing employability skills which support the local economy.
  - Support the provision of sufficient high quality, affordable and accessible childcare to enable parents to attend work or training.

  ES2.2: Develop a multi-agency child poverty strategy to help mitigate the impact of multiple problems with families
  - Develop and implement a multi-agency child poverty strategy.
    Implement a programme of bespoke multi-agency interventions to prevent or reduce child poverty, or mitigate its impact, in targeted areas.

Children's Health Services

What did we find?

Based on a gap analysis against the full requirements of the 0-5 Healthy Child Programme (HCP) specific gaps were identified in universal services which included:

- The 28 week antenatal visit by the Health Visitor is only provided to those who are the most vulnerable.
- Two year health review.

A mapping of the 5-19 HCP review against current provision also identified the need for:

- Training for staff.
- Provision of services in the wider/extended school setting.
- Some sexual health/drop in provision.
- School Health Team input post 16.

What do we need to do?

- Continue work with providers and Local Authority colleagues to map additional services families may need.
- Strengthen integrated approaches to service delivery, particularly around the universal service gaps.

Pregnancy and Maternal Health

What did we find?

- Over the last ten years, the number of births increased with an average of 5,745 live births per year to mothers resident in North Yorkshire.

- Birth rates by age of mother show an increase across all age groups (except 40+ years) over the last 8 years, though the percentage increase is greatest for those aged 35-39 years.
- Infant mortality rates in North Yorkshire were significantly lower than the national average during 2008-10 (3.6 per 1,000 live births v 4.6 in England) and have been for some time.
- 2010/11 was the first time that healthy pregnant women were included in the risk group for influenza immunisation and the uptake rate was only 40.8%
- During 2010/11 at Scarborough, 19.5% (almost 2 in every 10 mothers) were recorded as being a smoker at the time of delivery
- Within North Yorkshire the majority of intrapartum maternity care is provided within consultant led obstetric units, with the addition of a midwife led unit for low risk women in Scarborough
- Breastfeeding initiation has increased over the last five years and was at 73.7% in 2010/11 for North Yorkshire and York PCT, the same as the national average
- In 2009, 132 live births to mothers resident in North Yorkshire took place at home, 2.22% of all live births, lower than the national average of 2.65%

What do we need to do?

- Ensure access to the full range of choice guarantees set out in Maternity Matters including midwifery led units and children's centre.
- Review maternity service specifications to ensure that services are in line with the 0-5 Healthy Child Programme and that services become much more integrated into the wider Healthy Child Programme Team.
- Improve access to weight management services/programmes before, during and after pregnancy in all districts of North Yorkshire in the short and long term. This unmet need increases inequalities in health.
- Commission services that provide continuity of breastfeeding support to mothers in different settings in line with the UNICEF Breast Feeding Initiative
- There is a need to have a robust breastfeeding peer support service in place
- Increase the number of locations distributing and selling Healthy Start vitamins to eligible and non-eligible families throughout North Yorkshire.
- Reduce smoking in pregnancy rates
- Increase vaccine uptake in at risk groups and pregnant women in particular

Service Utilisation (Children's Social Care)

What did we find?

- In January 2012 there were 729 contacts with children's social services, which is almost 36% more than in April (538).

- The majority of contacts in 2011/12 (51.7%) have progressed to a referral, 32.4% have resulted in no further action and 15.4% a child protection enquiry.
- There are currently 3,105 children in need (Jan 2012) an increase of 21% from the end of 2008/09 and 456 children with a Child Protection Plan a 29% increase in the last year.
- The number of Looked After Children has fallen significantly over the last 16 months from almost 500 to just under 460.

What do we need to do?

- The children and young people's plan sets out priorities for securing good prospects for all of North Yorkshire's children and young people; all of which is relevant to children who are in contact with children's social services.

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

Domestic abuse

What did we find?

- Domestic abuse is largely a hidden crime.
- From April 2011-September 2011 there were 203 Multi-Agency Risk Assessment Conferences (MARAC) across North Yorkshire and York.
- A North Yorkshire Domestic Abuse Joint Commissioning Strategy 2012 is being developed with multi-agency partners via the North Yorkshire and York Domestic Abuse Joint Coordinating Group.
- There are 6 providers of accommodation for victims of domestic abuse across North Yorkshire and York; this includes 3 refuges, dispersed units and a flat.

What do we need to do?

- Raise the profile of this issue
- Provision of a consistent service across the County with continuing identified funding.
- Develop current service provision for Young People Affected by Domestic Abuse and Young people who harm across North Yorkshire.
- Provision of services for perpetrators, particularly help for all substance abuse.

Education and skills

What did we find?

- Average attainment levels for North Yorkshire's children are above the national average for almost every indicator at every stage. However, there are differences across the county, with Craven, Hambleton, Harrogate and Ryedale consistently well above regional and national averages, and Scarborough often below national averages.

- The large majority of parents are satisfied with the standard of education that their child receives and the curriculum they are taught. However, parents of children with special educational needs and disabilities (SEND) are generally less satisfied with educational provision, and the achievement of SEN children is lower than that of non-SEN children.
- Skill levels for adults in North Yorkshire are similar to those in England. The Adult Learning and Skills Service priorities include supporting local employment needs and providing opportunities for vulnerable or "hard to reach" learners. Its primary focus is supporting unemployed adults and young people to get back into the workplace.

What do we need to do?

- Maximise achievement for all and close the attainment gap for vulnerable groups.

Safeguarding Adults

What did we find?

- National prevalence data suggests that 4% of older people (65 and over) in the community have suffered some form of abuse. In North Yorkshire the number of reports represents only 0.7% of older people.
- Reporting levels for people with physical disabilities may be low and comprise only 6% of safeguarding referrals.
- Reporting levels for adults with mental health problems may be relatively low, comprising of only 4% of all adult safeguarding referrals.
- Reporting levels for people with learning disabilities appears to be high compared to numbers in the community and comprise of 17% of all referrals.

What do we need to do?

- Consultation and increase the level of engagement.
- Data analysis related to the Equalities Impact Assessment.
- Improve practice in engagement with seldom-heard groups.
- Targeted prevention with specific groups.
- Developing decision support tool/risk enablement panels.
- Increase the awareness and communication of safeguarding to increase the levels of reporting.

Teenage pregnancy

What did we find?

- Young people can be competent parents, however, children born to teenagers are more likely to experience a range of negative outcomes in later life, and are more likely to become teenage parents themselves.
- Teenage parents are prone to poor antenatal health and their babies are more likely to have lower birth weight and are more likely to die in infancy.

- The rate in North Yorkshire (20.6 under 18 conceptions per 1,000 females aged 15-17) remained statistically significantly lower than the national average (35.4 per 1,000).
- The rate of teenage pregnancy has fallen by more than 43% from the 1998 baseline (target 50%).
- Rates of teenage pregnancy are far higher among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those that are already disadvantaged.
- There were eight electoral wards for which the rate was statistically significantly higher than the national average during 2007-09; Northallerton North, Low Harrogate, Skipton South, Falsgrave Park, Ramshill, Castle, Central and North Bay.

What do we need to do?

- Gathering up to date data on teenage pregnancy to inform local priorities.
- Sharing data on pregnancy to enable an appropriate package of support to be put in place.
- Ensuring there is equity in service provision, particularly in relation to school based sexual health services.
- Developing the role of school nurses to enable them to provide condoms and Chlamydia screening.
- Greater emphasis on reducing risk taking behaviour.
- Develop a confident workforce to support young people around sexual health issues.
- Targeting vulnerable groups of young people.
- Promote higher uptake of Long Acting Reversible Contraceptives.
- Promote higher use of condoms.
- Increasing the number of services working towards and achieving the 'You're Welcome' quality standards.

C Create fair employment and good work for all

Economy and employment

What did we find?

- We know that the economic situation and issues relating to employment significantly affect people's health and wellbeing.
- Gross median earnings in North Yorkshire are below the national average, with the exception of Selby District.
- Claimant count unemployment rates have increased from 2.4% in July 2011 to 2.8% in March 2012 which is a level similar to the last recession. All Districts have a level lower than England except Scarborough which has a rate of 4.8%. All districts have a least one ward with jobseeker unemployment rates higher than England. However, the

highest rates are in Castle, Eastfield, North Bay and Ramshill in Scarborough, and Selby South.

- The incapacity claims rate for people with mental health or behaviour problems is 16.7 per 1000 working age adults. This is less than the national average. However, Scarborough has higher rates than England at 31.6 per 1000.

What do we need to do?

- Maximise local opportunities of economic and job development to improve health and well-being by building on work from the York and North Yorkshire and East Riding Local Enterprise Partnership which has three strategic priorities, of equal importance: making the most of York as an economic driver for the region; supporting a thriving, sustainable rural economy; and developing a prosperous coastal economy. The LEP has six objectives: help businesses access the finance they need to grow; help businesses connect to people who can support their growth plans; help businesses become more competitive through better use of IT and broadband; help businesses get the skilled workforce they need; help businesses in the agricultural and food supply chain expand their market and grow; and help businesses in the visitor economy to become more competitive and succeed.

D Ensure a healthy standard of living for all

Affordable warmth

What did we find?

- The modelled estimate of the proportion of households deemed to be 'Fuel Poor' in North Yorkshire during 2009 was 21.7%, around 57,543 households, higher than the national average of 18.4%.
- In North Yorkshire, there was a similar ratio of excess winter deaths compared to the national average during 2006-09 (ratio of 17.9 compared to 18.1 in England). There were no significant differences at a district level.
- The range of excess winter deaths over the last 10 years has varied between 207 and 458 for North Yorkshire.
- There are many causes of excess winter deaths including influenza rates, respiratory infections and Coronary Heart Disease. Fuel poverty is linked to excess winter deaths
- All districts have higher rates than England except Harrogate and Selby

What do we need to do?

- Identify people and households, who are at risk of fuel poverty, particularly those from vulnerable group like the very elderly, people with disabilities and families with young children.
- Ensure access to advice and support for people at risk of fuel poverty which improves the energy efficiency of homes and appliances; provides energy advice; increases

incomes; provides money management and debt advice; and provides access to cheaper fuel and tariff options.

E Create and develop healthy and sustainable places and communities

Crime and Disorder

What did we find?

- Crime and Anti social behaviour rates vary considerably across North Yorkshire. In the predominantly rural districts of Craven and Ryedale rates are particularly low. Ryedale has the lowest rates in North Yorkshire. The highest rates are seen in Scarborough, particularly in Castle ward and in Scarborough town centre where the main under-pinning factors for crime and anti-social behaviour are alcohol/drugs, organised crime groups, offenders committing crime whilst visiting the area and deprivation.
- The link between alcohol misuse and crime has been highlighted by the community safety partnerships locally as a big issue for them. Protecting vulnerable residents is also an identified priority.
- This topic area links closely to those on offenders, domestic abuse, alcohol and substance misuse, which have been considered separately.

What do we need to do?

- Continue to prioritise joint working to reduce alcohol-related harm

Environment (including climate change, air and water quality)

What did we find?

- Regular green space visits and outdoor recreation is associated with increased physical activity and a lower probability of being overweight or obese.
- Temperatures in Yorkshire and the Humber are expected to rise throughout the century, with a likely increase in summer temperature of between 1.7 and 5.4 degrees Celsius by 2080, an increase in winter rainfall, and a decrease in summer rainfall resulting in increased flood risk during winter months.
- CO_2 emissions per capita reduced in North Yorkshire from 10.7 in 2005 to 9.2 in 2009, however remains above the national average of 7.4.
- The number of private water supplies in North Yorkshire is high with Craven having the highest proportion.
- There are currently four Air Quality Management Areas in North Yorkshire in Malton, Staithes, Ripon and Knaresborough all largely related to traffic emissions.

What do we need to do?

- Ensure all people have equal access to green space and outdoor activities.
- To continue to reduce community emissions of carbon dioxide.

- To continue to prepare and plan for the effects of climate change.
- The new legislation around private water supplies has placed a large burden upon Local Authorities when capacity is already stretched.

Housing

What did we find?

- Poor or inappropriate housing is a recognised factor in ill health, including mental wellbeing.
- All districts with the exception of Scarborough and Selby have worse lower quartile house price to earnings ratios than the national average of 6.99 times. Richmondshire has the highest ratio at 9.0 times while Harrogate, Craven, Ryedale and Hambleton have figures which are almost as high.
- The number of households with support needs is increasing with an increasingly older population.
- 11,863 people in North Yorkshire were enabled to stay at home through interventions by Home Improvement Agencies in 2010/11.

What do we need to do?

- There is a need for more affordable housing particularly in Richmondshire, but also in Craven, Harrogate, Hambleton and Ryedale.
- Plan for the housing based support needs of older and disabled people.

Looked after Children and Children Leaving Care

What did we find?

- The number of care leavers to whom North Yorkshire owes a duty of service is at an all time high of 340.
- The number of looked after children has fallen significantly over the past 16 months and represents a decrease of almost 8%.
- The data shows that in recent years the percentage of looked after children receiving an annual health assessment is well below the average for statistical neighbours and England.
- In the last two years only around half of care leavers have been engaged in Employment, Training and Education (ETE) a level which is generally below that of the England average and the average for statistical neighbours.

What do we need to do?

- Improve sufficiency of health and dental checks for looked after children.
- Improve opportunities for all care leavers to engage in Employment, Training and Education (ETE).

Social Isolation

What did we find?

- Vulnerable adults and older people identify social isolation as directly relevant to how good they feel their quality of life is, and that to feel socially excluded is a common cause of distress and depression.
- In more rural areas, the lack of public transport and the difficulties associated with accessing services exacerbate a sense of isolation or disconnection from family, friends and neighbourhoods.
- Traditional involvement in neighbourhood activities continues to be in line with national averages, and those involved in formal volunteering slightly above average.
- Data on incidence in North Yorkshire is patchy.

What do we need to do?

- Further understand the impact of social isolation on the population.
- Provide more geographically-tolerant access to services for those who live in more rural areas, taking into account practical barriers such as the distance to primary and secondary care, and the costliness of providing social care services to dispersed populations in rural areas.
- Support people to stay engaged and involved in their neighbourhoods and develop early indicators to identify those at risk of isolation and consequent mental ill-health.
- Encourage means to connect people, for instance through knowledge-hubs, so that those who are able can acquire the information to help them remain involved.

F Strengthen the role and impact of ill-health prevention

Alcohol

What did we find?

- The data indicates that North Yorkshire suffers less alcohol related harm, broadly speaking, than the Yorkshire and Humber region and England overall.
- Modelled estimates predict that 23.9% of North Yorkshire residents are classified as binge drinking, significantly higher than the national average of 20.1%.
- Over a quarter (25.7%) of the population are estimated to be drinking above recommended levels, however only an estimated 2% of the whole North Yorkshire population have been screened (via the Primary Care Directed Enhanced Service) and only an estimated 0.3% of the whole North Yorkshire population are accessing treatment services.
- Although the alcohol related admission rate is highest in Scarborough and Harrogate, all districts had rates that are statistically significantly lower than the national average.
- Alcohol specific mortality rose steadily between 2003-05 and 2007-09 for females in North Yorkshire and York PCT moving towards the national average. For males, the

rate is below the national average and has fallen since 2004-06. There were no statistically significant differences at a district level during 2007-09.

- Recorded crime attributable to alcohol in North Yorkshire is reducing and is generally low (4.9 per 1000 population) compared to England (7.4). However, in Scarborough District the rate is highest (7.1) followed by Selby (4.8).

What do we need to do?

- There needs to be a systematic, coordinated approach to alcohol harm reduction and commissioning of alcohol services involving all partner agencies within an agreed substance misuse strategy.
- Improve the quality of local data on alcohol consumption in North Yorkshire so as not to rely on modelled estimates.
- Improve capacity and access to a Tier 1 programme to provide screening and brief interventions for example in Primary Care or A&E.
- Continue to provide specialist treatment services for dependent drinkers whose health and social issues associated with their alcohol use have become severe whilst improving support for people earlier.
- Include alcohol screening as part of the NHS Health Check programme as indicated in the Government's recently published Alcohol Strategy.

Communicable diseases

What did we find?

- There were 23 cases of confirmed Tuberculosis (TB) reported in 2010, which is low compared to the rest of Yorkshire and the Humber. However, some PCT areas in the region have demonstrated that single cases or incidents can rapidly lead to an increase in the demand for both treatment and screening services even in low incidence areas.
- An estimated 1298 North Yorkshire residents are infected with Hepatitis C virus and of these 961 would be eligible for treatment. However, only 30 cases of Hepatitis C were diagnosed in North Yorkshire and York in 2010.
- There were 97 outbreaks reported in care homes across North Yorkshire and York in 2010, the majority of which were due to either confirmed or suspected norovirus infection.
- There were 60 hospital ward outbreaks reported across North Yorkshire and York. The majority of these were also confirmed or suspected outbreaks of norovirus. A small number of outbreaks (4) were due to Clostridium difficile.
- The North Yorkshire and York area has higher rates of verocytotoxin producing E-Coli (VTEC) and cryptosporidium than other parts of the region and this may reflect animal and other countryside sources of infection.
- 6% of all booked pregnancies in the latest year in North Yorkshire and York did not show immunity to rubella on the antenatal blood sample, a marked increase from 2007.

What do we need to do?

- Ensure access to correct laboratory testing and treatment for Hepatitis C, with effective pathways in place in prisons for vaccinations, testing and treatment for Hepatitis B following national best practice and guidance.
- Ensure effective capacity within infection control and environmental health teams to deal with individual cases and outbreaks.
- Be alert to the potential re-emergence of congenital rubella syndrome as the 'Wakefield' cohort reaches child bearing age.

Falls

What did we find?

- Hip fracture in the population aged 65 and over in North Yorkshire reduced from 463 per 100,000 in 2006/07 to 417 per 100,000 in 2009/10 and was statistically significantly lower than the national average of 458 per 100,000. Although this indicator is a good proxy measure of falls, it underestimates the total prevalence of falls.
- All areas have significant costs and consequences as a result of falls leading to hip fractures and other injuries. However, Richmondshire had a significantly higher rate of hip fracture in the population aged 65 (593.6 per 100,000 population) in 2010/11.

What do we need to do?

- There is a need to develop a comprehensive integrated falls pathway to ensure equity across North Yorkshire to falls prevention and treatment.
- Improve the recording of useful falls data for needs assessment purposes.
- Develop a Falls Service in Scarborough/Whitby/Ryedale (All other areas have dedicated falls prevention services).
- To establish where falls occur so that a more targeted approach could be taken to falls prevention.

Immunisations

What did we find?

- Childhood immunisation rates are generally good compared to England with an increase in Measles Mumps Rubella (MMR) uptake to 90%.
- Seasonal influenza immunisation rates in the 65 years and over age band are generally better than England (74.1% compared to 72.8%). However, there is variation around the county with lowest rates in Craven.
- Human Papillomavirus (HPV) vaccine rates are high compared to England (84.8% compared to 76.4%).

What do we need to do?

- Improve the delivery of influenza vaccine to patients in nursing homes as opposed to residential homes. Currently Community staff are not commissioned to deliver the vaccine in nursing homes.

- Increase occupational health vaccine uptake amongst Health Care Workers in hospital and care homes as well as local authority staff.
- Be alert to the potential re-emergence of congenital rubella syndrome as the 'Wakefield' cohort reaches child bearing age.
- Increase vaccines uptake in at risk and pregnant women.

Mental Health and Emotional Wellbeing

What did we find?

- It is estimated that in North Yorkshire, 52,790 people, equivalent to a rate of 124 per 1,000 population aged 16-74 experience common mental health problems including phobias, depression, anxiety, obsessive compulsive disorder and panic disorder.
- During 2010/11, there were 60,789 people on the GP depression disease register in North Yorkshire, equivalent to a prevalence of 13.3%, above the national average of 11.2%.
- 0.7% of patients registered with a practice located within North Yorkshire are on a mental health disease register (schizophrenia, bipolar affective disorder and other psychoses), equivalent to approximately 3,830 people compared to the national average of 0.8%.
- During 2009/10, there were 979 admissions for self harm by residents of North Yorkshire (slightly lower than the England average).
- There appears to be a downward trend in deaths from suicide and undetermined injury in North Yorkshire with rates being higher in males than females, but broadly in line with rates in England.
- North Yorkshire has relatively low levels of mental illness compared to more deprived areas but inequalities exist from east to west and in pockets of deprivation and there is a significant burden of both primary mental illness and that associated with other conditions including substance misuse and long term physical illness.
- Mental health is our single biggest health programme spend but NHS North Yorkshire and York spends comparatively less than other similar PCTs.
- Historically, the majority of Child and Adolescent Mental Health Services (CAMHS) referrals in North Yorkshire have been predominantly male (58.8%), with the majority of cases relating to young people aged 11-13 and 14-16 years old.
- There were a total of 3047 referrals to CAMHS in North Yorkshire and York between April 2010 and March 2011.

What do we need to do?

- Reconsider strategies and approaches in the light of 'No Health Without Mental Health' including addressing the 80% of all mental health problems that do not reach secondary care services.
- Need to better understand the role of developing community assets and resilience to improving mental well-being and to promote 'recovery'.

- Increase our comparatively lower levels of community and earlier intervention services compared to other areas with proven effectiveness.
- Relatively higher admission rates to mental health services need to be reduced by improving community mental health provision.
- Improve access to psychological services and counselling and address lack of liaison psychiatry services in hospital.
- The Children and Young People's Plan (CYPP) objectives have been identified and include the need to:
    - Engage with commissioning changes to achieve mental and emotional health services that provide a comprehensive CAMHS offer across each level of need.
    - Jointly evaluate CAMHS commissioned services to improve integration, prevention and targeting.
    - Improve transitions for young people moving from CAMHS to adult mental health services.
    - Achieve greater integration across emotional and mental health service, social care and health visiting.
    - Better identify parents or those in caring roles with mental health issues.

Obesity - Adult

What did we find?

- Obesity levels are rising nationally and represent one of the biggest threats to the future health of our population, including diabetes, osteoarthritis, circulatory diseases and some cancers.
- Modelled estimates suggest that 24.2% of adults in North Yorkshire are obese, the same as the national average of 24.2%.
- However, national projections suggest that around 90% of adult men could be obese by 2050.
- The prevalence of obese adults known to all GPs in North Yorkshire during 2010/11 was 9.5%, much lower than expected levels suggesting that there is under recording in GP practices
- Obesity prevalence is known to be associated with socioeconomic status with a stronger association in women than men.

What do we need to do?

- Prioritise prevention opportunities which have a positive effect on reducing population obesity levels (e.g. through the built environment, access to physical activity including active travel and active space, reducing consumption of high fat, high sugar foods).
- There is a lack of adult overweight and obese services/programmes in all districts of North Yorkshire in the short and long term. This unmet need increases inequalities in health.

Obesity - Childhood

What did we find?

- Childhood obesity and overweight is a risk factor for adult obesity.
- North Yorkshire had a significantly lower prevalence of children (aged 4/5 and aged 10/11) who are overweight or obese compared to the national average in 2010/11.
- For reception children there has been a decrease from the baseline position in 2006/07 of 9.4% at risk of obesity to 6.8% in 2010/11.
- For Year 6 pupils, the rate has fluctuated since the baseline position of 15.8% in 2006/07, and was 15.3% during 2010/11.
- Local analysis of child obesity data by deprivation quintile shows that for both reception and year 6 children, there is a clear socio-economic gradient.

What do we need to do?

- Maximise opportunities which have a positive effect on reducing obesity (e.g. the built environment, access to physical activity, reduction in high fat, high sugar foods, school and family based programmes).
- Apart from the MoreLife programme in Scarborough, there is a lack of children and young people's overweight and obese services/programmes in all districts of North Yorkshire in the short and long term. This unmet need increases inequalities in health.

Physical activity - Adult

What did we find?

- There has been little change in participation in at least 3 days x 30 minutes, moderate intensity physical activity in North Yorkshire (23.6% during 2010/11) compared to 23.1% in the baseline year of 2005/06).
- Nationally, participation is lower in females, increasing age, and in poorer socioeconomic groups.

What do we need to do?

- Improve participation in physical activity, particularly in groups where uptake is lower (females, older people, and people who are classified as being from poorer socio-economic groups).

Physical activity - Childhood

What did we find?

- The latest data (2009/10) showed an improvement in 3 hours of high quality physical education in young people aged 5 to16 yrs to 54.1% compared to the previous figure (51.2% during 2008/09), though this was significantly lower than the England average.
- 53% of state primary school pupils and 36% state secondary school pupils walk to school, below the England averages of 59.5% and 42.0% respectively.

What do we need to do?

- There is a need to improve children's participation in sport and physical activity using a range of programmes and interventions including individual behaviour change, built environment, transport and school-based programmes.
- Improve children's participation in sport and physical activity particularly where it is significantly lower than the England average (ie Selby, Ryedale, Harrogate and Hambleton District)

Road Traffic Collisions

What did we find?

- The crude rate per 100,000 population of people killed or seriously injured in a road traffic unintentional injury, 2008-2010 (combined) for North Yorkshire (87.3) is significantly higher than for England (44.3).
- There were 11% fewer collisions and 11% fewer casualties in 2010 compared to 2009.
- However, there was a small (7%) increase in the number of fatal collisions (mainly due to motorcycle) and a 15% rise in the number of older people (50+) hurt in collisions compared to 2009.
- Older people (70+ years) are over-represented amongst road casualties for their population.
- The 95 Alive Road Safety Partnership is working towards reducing the number of collisions.

What do we need to do?

- To continue to implement the 95 Alive strategy.
- To work with the older population to improve understanding and awareness of road safety issues whilst maintaining independence.

Cancer and Non-cancer Screening Programmes

What did we find?

- Although NHS North Yorkshire and York has consistently screened a greater proportion of the eligible population for breast screening than the England rate, the general trend both locally and nationally is downwards with fewer screened in 2009-10 than in 2002-03.
- The percentage of eligible women screened for cervical cancer aged 25-49 years has dropped from 78.0% in 2009/10 to 77.4% in 2010/11. These are both higher than the England uptake rate but show a national trend of a reduction in uptake in this age group.
- The bowel and breast screening programmes are currently rolling out age extensions.
- The Abdominal Aortic Aneurysm (AAA) screening programme will be fully implemented across North Yorkshire and York by March 2013.
- NHS Antenatal and Newborn Screening Programmes have high local uptake rates.

What do we need to do?

- Reduce inequity of service for breast and bowel cancer and AAA screening across North Yorkshire (Pennine breast service and Harrogate, Leeds and York bowel cancer service not yet offering the age extensions; York, Harrogate and Selby Abdominal Aortic Aneurysm screening service due to start August 2012).
- Improve uptake of cervical screening in younger age women.
- Improve local capacity of colonoscopy service post bowel screening test by increasing numbers of personnel trained.

Sexual Health

What did we find?

- Sexual health covers sexually transmitted disease (treatment and prevention), Human immunodeficiency virus (HIV), terminations, contraception and Chlamydia screening.
- Young people, Black Asian and Minority Ethnic communities, and men who have sex with men (MSM) are key target groups for any work on sexually transmitted infection (STI) prevention.
- The rate of hospital admissions for Pelvic Inflammatory Disease per 100,000 females aged 15-29 increased in North Yorkshire and York was 67.3 in 2009/10, lower than the national average of 87.4.
- Best estimates of the rate of STIs diagnosed at Genito Urinary Medicine (GUM) clinics and community settings for North Yorkshire and York are lower compared to the national average.
- 146 people had a diagnosis of HIV in North Yorkshire in 2010.
- Long Acting Reversible Contraception (LARC) amongst women aged 15-44 in North Yorkshire and York was 76.9 per 1,000 during 2010/11, higher than the national average (51.6 per 1,000 during 2010/11).
- Chlamydia screening uptake has increased over the last three years in North Yorkshire, and the latest figures (2010/11) show that 25.8% of the highest risk population were screened, slightly higher than the national average of 25.2%.
- Rates of terminations of pregnancy are lower than the national average.
- North Yorkshire has a comprehensive range of sexual health services but there is a need to integrate better.

What do we need to do?

- Greater emphasis on prevention.
- Improve integration between services.
- Improve shared monitoring of performance and identification of local need.
- Promote higher uptake of long acting reversible contraceptives.
- Improve STI screening coverage.

- Ensure easier access to services to support early diagnosis of STIs, particularly HIV – continued focus on high risk groups.
- Ensure we have good local infection surveillance.
- Develop confident sexual health workforce to make every contact count and ensure good workforce planning in place.
- Enhance service provision and delivery, particularly through integration, to further increase the quality of patient experiences and outcomes and deliver cost savings to the NHS.
- In addition to curative and preventative services, ensure there are services to support victims of sexual violence which are important in reducing negative outcomes.

Smoking

What did we find?

- Smoking is the most important cause of premature death and a major contributing factor to the mortality divide between the most deprived areas in England and England as a whole.
- 19.4% of the population smoked during 2010/11, below the national average of 20.7%.
- Smoking is more prevalent amongst the routine and manual occupational groups at 33.7% for North Yorkshire.
- During 2010/11 at Scarborough, 19.5% (almost 2 in every 10 mothers) were recorded as being a smoker at the time of delivery
- During 2010/11, 14.6% of those with a long term health condition (Coronary Heart Disease [CHD], Stroke/Transient Ischaemic Attack [TIA], Hypertension, Diabetes, Chronic Obstructive Pulmonary Disease [COPD] and Asthma) registered with a GP located in North Yorkshire smoked, significantly lower than the national average.
- During 2009/10, all districts within North Yorkshire had smoking attributable hospital admission rates per 100,000 population that were significantly lower than the national average, with the exception of Scarborough, which was significantly higher.
- Approximately 5% of smokers have set a quit date through the stop smoking services however the national average is around 10%.

What do we need to do?

- Further work is required to get more smokers into local stop smoking services and to support successful quits in order for a continued downward trend in smoking prevalence.
- We do not currently have a systematic approach with partners to prevent the uptake of smoking by young people. Although work does take place within schools/youth settings we do not have a systematic approach and therefore indicates potential unmet need.
- Reduce the number of women who smoke during pregnancy.
- All patients with Long Term Conditions should be being referred to stop smoking services as part of their care pathway.

- Further needs assessment on smoking.

Substance misuse

What did we find?

- Measuring the actual number of people who use drugs is difficult. However, the likely number of opiate and/ or crack cocaine users in North Yorkshire is between 1831 and 2238. The rate (5.22 per 1000 population) is significantly below the England average (9.41).
- During the same time period there were a total of 924 opiate and/or crack cocaine users in structured treatment in North Yorkshire, which suggests that 38% of the estimated population were accessing this type of services.
- During 2010/11 in North Yorkshire 34.6% of non opiate and crack users (e.g. stimulant users) accessing treatment achieved drug free status compared to 37.6% in England. For Opiate and Crack users (e.g. heroin), 6.9% of those accessing treatment achieved drug free status compared to the national average of 7.7%. Under recording of data might partly explain this difference.
- A recent needs assessment showed that although a relatively high number of drug misusers engaged with commissioned services who have been reported as accepting a Hepatitis A and/or B and/or Tetanus vaccination or Hepatitis C test then do not go on to receive the intervention.

What do we need to do?

- Protect current levels of investment in commissioned drug treatment services and increase the emphasis on prevention in order to impact on levels of crime, health and wellbeing and safeguarding indicators.
- Improve uptake of service provision as it is unlikely that every drug misuser who could benefit from structured treatment is engaging with a commissioned services.
- Improve uptake rates of Hepatitis A and/or B and/or Tetanus vaccination or Hepatitis C test in substance misusers in line with national best practice and guidance.
- Ensure that commissioning expectations and arrangements focus on recovery including abstinence and effective provision of community assets.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

Atrial Fibrillation (AF)

What did we find?

- 11,014 people are registered with Atrial Fibrillation in GP practices in North Yorkshire.
- Atrial fibrillation is a common cause of stroke.

- Although the rates of people with known atrial fibrillation in North Yorkshire are high (which is probably due to good detection rates and an older population), there is evidence that there are still people with undetected atrial fibrillation

What do we need to do?

- There is a need to ensure that identification of new patients is increased – by encouraging GP practices to undertake targeted, opportunistic case finding (pulse taking) as the best approach to detecting patients with asymptomatic AF. Appropriate groups for targeting include patients over 65 and patients with known heart disease, peripheral vascular disease, hypertension, diabetes or previous stroke.
- Ensuring anticoagulation is maximised with more patients being on warfarin rather than aspirin. The use of the Guidance on Risk Assessment and Stroke Prevention for Atrial Fibrillation (GRASP-AF) tool will help this.

Cancer

What did we find?

- Cancer is the second most common cause of death in North Yorkshire and is the most common cause of premature (<75 years) death.
- Although the overall cancer incidence rate is increasing (317 per 100,000 in 1993 to 373 in 2009), mortality from cancer fell over the same time period (193.6 per 100,000 during 1993 to 150.0 per 100,000 in 2010) indicating that detection and treatment of cancers is improving.
- The cancer incidence rate for North Yorkshire during 2007-09 in the under 75 years age group was 282.6 per 100,000 population, significantly lower than the England rate of 301.2 with no statistically significantly difference between districts to the North Yorkshire average.
- There were 11,399 people on a Cancer register (known to a GP) in 2010/11 across North Yorkshire, equivalent to a prevalence of 2.0%, statistically significantly higher than the national average of 1.6% which may be due to North Yorkshire having an older population than England.
- Lung, prostate and colorectal cancers are the most common cause of death from cancer in males in North Yorkshire and York PCT.
- Breast, lung and colorectal cancers are the most common cause of death from cancer in females in North Yorkshire and York PCT.

What do we need to do?

- Awareness of cancer symptoms and willingness to seek advice is low. Need to increase awareness about cancer as well as earlier/open access to diagnostic tests to enable the NHS to save an additional 5,000 lives in England which are thought to be due to later stage at diagnosis compared to other countries.
- Currently 25% of cancer patients are diagnosed as an emergency with poorer outcomes and increased cost; potentially between one third and a quarter of patients presenting through primary care may experience a delay in diagnosis. Access to self referral tests is undeveloped, and there are capacity issues in relation to diagnostics which require to

be addressed by providers. Monies are in baseline budgets to raise awareness, improve access to services and enable growth of diagnostic access.

- Use of the 2 week wait pathway and referral protocols is variable across North Yorkshire and York and requires greater understanding around why this is the situation.
- Access to Psychological services for cancer patients with Level 4 needs (psychologist consultation) whilst a very small number of patients, is not available locally in all areas.
- Lymphoedema services are under increasing pressure, and are not equitable across North Yorkshire and York. A review of the services took place in 2008/9. Most service provision is in the hospice sector which is grant funded, with a limited service in secondary care.
- Need to understand why North Yorkshire and York is a high spend/good outcome area whereas other areas are able to produce similar outcomes with less spend

Chronic Obstructive Pulmonary Disease (COPD)

What did we find?

- The registered prevalence for COPD for 2010/11 based on data routinely collected by GPs suggests that the prevalence is 1.6% (9,214 people) across North Yorkshire and York practices.
- The modelled estimate suggests that chronic obstructive pulmonary disease prevalence should be in the region of 3.01% for North Yorkshire County.
- The crude admission rate attributed to COPD for the registered population of North Yorkshire and York in 2009-2010 was 1.6 per 1000 registered population, which was the same as the England average.
- Linear regression of the Long Term Conditions emergency admissions showed that the percentage with a Long Term Condition that are smokers explains 42% of the variation in the 2010/11 emergency admission rate.

What do we need to do?

- Identify the significant number of people with undiagnosed COPD.
- Improve access to pulmonary rehabilitation where there is limited capacity.
- Reduce smoking prevalence in both people with COPD (secondary prevention, reduce admissions) and in the general population (primary prevention).

Coronary Heart Disease

What did we find?

- 24,205 people are registered with Coronary Heart Disease (CHD) in GP Practices in North Yorkshire
- Circulatory diseases are the biggest cause of death in North Yorkshire.
- Smoking is the biggest cause of inequalities in Coronary Heart Disease.

- The direct age standardised emergency admissions rate for Coronary Heart Disease show that North Yorkshire and York PCT had consistently lower admission rates relative to the national average between 2003/04 and 2009/10.
- Those living in the most deprived areas of North Yorkshire and York had an emergency admission rate 1.8 times that of those living in the least deprived areas.
- Mortality from Coronary Heart Disease (all age) in North Yorkshire (82.4 per 100,000) was significantly higher than the national average of 78.7 per 100,000 during 2008-10.
- Premature mortality (<75 years) from Coronary Heart Disease was significantly lower than the national average in North Yorkshire.

What do we have to do?

- There is a gap between expected prevalence and recorded prevalence of Coronary Heart Disease so identification of people with Coronary Heart Disease needs to continue.
- Increasing role-out of NHS Health Checks is a major challenge. Uptake needs increasing, especially in those who are likely to be at higher risk and don't access services, and the quality of the checks need to be assured
- Maximising secondary prevention – work from the Health Inequalities National Support Team suggest that approximately 277 number of deaths per year in North Yorkshire could be prevented if all secondary prevention was implemented.
- It is known that there is a social gradient around revascularisation. The new clinical compacts that are about to be implemented may help that. Revascularisation rates are not equal across the county.

Dementia

What did we find?

- There were 3,690 people on a dementia disease register in practices located within North Yorkshire County, equivalent to a prevalence of 0.7%, significantly higher than the national average of 0.5%.
- It is estimated that there were 8,727 people with dementia resident in North Yorkshire in 2010 and with a projected rise in population; this figure is estimated to increase to 13,573 by 2025.
- Dementia prevalence is strongly linked to age. However, the number of people aged 30-64 in North Yorkshire estimated to have early onset dementia in 2011 was 176.
- People with learning disabilities are more likely to develop dementia at an early age.

What do we have to do?

- Implement the North Yorkshire Dementia strategy in order to:
    - Improve under diagnosis of people with dementia.
    - Improve support for people in the early stages of dementia.
    - Improve dementia care in general hospitals.
    - Use intermediate care needs to meet the needs of people with dementia.

    - Improve care in care homes to meet the needs of people with dementia.
    - Improve support for carers.
    - Train an effective workforce to respond to the needs of people with dementia.
- Prepare for an increase in people with dementia.

Diabetes

What did we find?

- The registered prevalence of diabetes in GP practices has increased over the last five years from 4.1% to 5.0% and is projected to keep rising.
- However, modelled estimates of the expected prevalence of diabetes suggest that it should be 7.1% (range 5.4% to 10.2%) for the population of North Yorkshire and York PCT. This means there is a potential gap of around 14,400 people in North Yorkshire and York who do not know they have diabetes.
- During 2010/11, 53.4% of people with diabetes across the county had an HbA1c <7. This is a measure of blood glucose control and is below the England average of 54.2%. This figure varied at CCG level, being particularly low in Scarborough and the Vale of York CCGs.
- Although the National Diabetes Audit (2009-10) reported that 63% of patients received the 'annual care bundle' (as defined by National Institute for Health and Clinical Excellence [NICE]) which all patients with diabetes should be receiving (this is high compared to England), there are 37% patients not receiving the bundle.

What do we need to do?

- Maximise opportunities to prevent diabetes through reducing obesity and increasing physical activity in populations and individuals.
- Ensure that strategies are in place to identify people who do not know they have diabetes (e.g. improve the uptake of NHS Health Checks).
- Improve the proportion of people with diabetes receiving the 'annual care bundle'.
- Improve the percentage of people who have well controlled diabetes, particularly where there is inequity across North Yorkshire.
- Improve access to formal Type 1 or Type 2 education in Hambleton and Richmondshire areas.

End of Life Care

What did we find?

- Between 2008-2010 20.3% of people died in their own residence nationally.
- Hambleton, Richmondshire, Ryedale and Selby are in the top quintile for people dying in the own residence compared nationally.
- Harrogate (18.8%) has the lowest proportion of people dying in their own residence in North Yorkshire (bottom quintile nationally).

- Craven (19.3%) and Scarborough (19.9%) are in the 2nd bottom quintile nationally (i.e. below average).
- GP Practices are to identify the 1% patients who should be on palliative/end of life care register, which will create the need for extra capacity for some services.

What do we need to do?

- Ensure equitable access to community services that enable people to be supported at home.
- Community Services across all of North Yorkshire and York area need to grow or work differently to meet the needs of those being discharged from hospital to die, or to prevent admission to hospital to die.
- Develop an electronic End of Life Care Locality Register, which enables data to be shared among all care providers delivering services to those in the community who are dying.
- Ensure the workforce are educated to ensure palliative and end of life care is everyone's business not just specialist palliative care which is a separate specialist service provision.
- Ensure transport of palliative and End of Life Care patients between care settings in a timely manner.

Heart Failure

What did we find?

- During 2010/11, there were 5,232 people on a heart failure register (known to a GP) across North Yorkshire, equivalent to a prevalence of 0.9%, significantly higher than the national average of 0.7%.
- The direct age standardised emergency admission rate for heart failure during 2009/10 was 48.4 per 100,000, significantly lower than the regional and national averages of 61.9 and 60.4 respectively.
- The emergency admission rate for heart failure for those people living in the most deprived areas of North Yorkshire and York during 2009/10 was 67.8 per 100,000, twice that of those living in the least deprived areas (33.5 per 100,000).

What do we need to do?

- Ensure patients with known heart failure are treated using the NICE guidance pathway.
- Improve access to specialist nurse provision for heart failure where it is limited especially in Hambleton and Richmondshire.

Hypertension (High Blood Pressure)

What did we find?

- Hypertension is a major cause of stroke and heart disease.
- 83,907 people are registered with hypertension in North Yorkshire GPs which is a higher rate than England.

- However, there is an estimated gap of around 100,000 people who have hypertension and are not aware. This gap may be an overestimate but is smaller than the average national gap.
- 79.7% of patients registered with hypertension had their blood pressure within the recommended limits, significantly higher than the national average of 79.3%.
- There is a social gradient for the % of patients with hypertension who are managed well, meaning that those who live in more deprived areas are not achieving as good blood pressure control as those in the least deprived areas.

What do we have to do?

- We need to continue to identify people who have hypertension – increasing the uptake of NHS Health Checks will help.
- Blood pressure control needs to be improved in areas of greater deprivation.

Neurological conditions

What did we find?

- There are no local routine data sources of the prevalence of neurological conditions except for epilepsy.
- There are around 3,497 people with epilepsy recorded in North Yorkshire practices. The prevalence is approximately the same as England.
- From national research, it is estimated that there are likely to be around 712 individuals living with multiple sclerosis; between 1,596 and 1,661 individuals with Parkinson's Disease; and between 1186 to 2373 people with chronic fatigue syndrome/myalgic encephalomyelitis in North Yorkshire.

What do we need to do?

- From the epidemiological data, it is evident that a number of conditions will become more prevalent as the population becomes older and with medical advances, particularly those associated with increased age like Parkinson's Disease (NB Dementia dealt with as a separate topic), and therefore services will need to plan for this increase.

Service utilisation (Adult Social Care)

What did we find?

- North Yorkshire is in the top quartile of its comparator group for people receiving a community based service in the year as a rate per 1,000 of the population aged 18 at 49.
- North Yorkshire has above comparator average of People with a Learning Disability receiving a community based service. The east of the County has a higher than average rate (3.9 per 1,000) in Ryedale and Scarborough.
- Older people's admissions to permanent care in North Yorkshire have been reducing year on year since 2007/8 reducing from 814 to 615 in 2009/10.

- At the end of February 2012, 2163 people were benefiting from Telecare equipment organised by NYCC.

What do we need to do?

- There will be a large number of people, particularly older people who, although not known to Adult Services by their choice and/or not having high needs, who could still benefit from Telecare as a low level preventative service.
- There is potential to integrate Telecare technology into pathways for health and social care.

Service Utilisation (Health Care)

What did we find?

- 89.8% of GP patients surveyed during 2010/11 would recommend their practice to others compared to 83.5% in England.
- At March 2011, 52.7% of the North Yorkshire and York PCT population had seen an NHS dentist in the previous 24 month period (lower than the national average of 55.8% in England).
- Children aged 12 were last surveyed in 2008/09 for dental health and for North Yorkshire, the average number of decayed, extracted or filled teeth was 1.0, statistically significantly higher than the England average of 0.7
- The rate of calls to NHS Direct during 2010/11 was 7,278 per 100,000 population (a decrease of over 10,000 calls from 2009/10) significantly lower than national average of 9,535 per 100,000.
- The crude A&E attendance rate per 1,000 registered population in North Yorkshire and York during 2009/10 was 190.8, much lower than the national average of 372.8.
- The crude GP referral (first attendance) rate per 1,000 registered population in North Yorkshire and York during 2009/10 was 172.2, below the national average of 186.8.
- In North Yorkshire, during 2009/10 the indirect age/sex standardised emergency admission rate was 7,924 per 100,000 population aged 18+, significantly lower than the national average of 8,972 per 100,000.
- The North Yorkshire Review has identified that 18.6% of emergency admissions in the North Yorkshire & York cluster can be classified as a long term condition (LTC), significantly higher than the region and England averages.

What do we need to do?

- There is a higher than average rate of emergency admissions in people with long term conditions suggesting that better management of those long term conditions could help reduce the rate.
- Smoking appears to play an important role in the emergency admissions for people with long term conditions, suggesting that maximising smoking cessation in these patients should be a priority.

Stroke

What did we find?

- 12,508 people are living in North Yorkshire with the effects of a stroke.
- Mortality from stroke (all age) in North Yorkshire (49 per 100,000) was significantly higher than the national average of 43 per 100,000 during 2008-10.
- Premature mortality (<75 years) from stroke was lower than the national average in North Yorkshire (though this difference was not significant).

What do we need to do?

- There is a need for increased awareness of symptoms of stroke through the Act FAST (Face, Arms, Speech, Time) campaign.
- There is an additional need to ensure continued awareness of Stroke risk factors.
- Ensure Atrial Fibrillation is detected and managed effectively.
- Improve Stroke community services, post discharge care and longer term care and less time in hospital.
- Improve post discharge review (6 months and annual).
- Better integrated care (no consistent method of documenting and carrying out joint discharge planning).
- Better access to psychological support.
- Back to work support.

Population Groups with specific health needs

Autism

What did we find?

- National prevalence rates suggest that in North Yorkshire we would expect around 837 children and young people to have a diagnosis of Autistic Spectrum Disorder (ASD).
- In 2010 there were 353 children with Special Educational Needs (SEN) whose primary need was ASD.
- Placements for children with statements for autism have changed from a larger proportion in special school in 2004 (46.6%) to a larger proportion in mainstream schools in 2010 (48.6%).
- There is a predicted increase of people aged 18-64 with autistic spectrum disorders from 3587 (3231 male, 356 female) in 2011 to 3733 (3379 male, 354 female) in 2030, a 4% increase due to changing demographics.
- The highest percentage increase, 10.8%, is forecast in Selby and the lowest, a 3.9% decrease, is in Hambleton

What do we need to do?

Children

- Support for parents, carers, family and siblings e.g. at time of crisis, weekends and school holidays is limited.
- Early intervention with families and young people.
- Support in 'no diagnosis' cases.
- Children with special issues e.g. dietary issue, sexuality and continence.

Adults

- Pathway for adult diagnosis needs to be reviewed.
- Support to follow up families post diagnosis for both children & adults to facilitate lifestyle changes and adjustments as well as to access appropriate services.
- Specialist advice and signposting for adults not meeting Fair Access to Care criteria and their families.
- General service provision needs to be reviewed to ensure non specialist services are able to adjust to the needs of people with autism.
- Specialist training for assessment staff within health and adult social to ensure they have the appropriate skills to undertake assessments.

Black, Asian and Minority Ethnic Groups (BAME)

What did we find?

- Non-white groups make up 7.6% of the North Yorkshire population in comparison to 17.2% of the population of England.
- Harrogate has the highest proportion of BAME groups in the county, making up 10.4% of the population, of which 'Chinese or Other Ethnic Group' accounts for the largest proportion.
- Conditions which are important and more prevalent in one or more minority ethnic groups than the indigenous community include: infectious diseases including tuberculosis and malaria; diabetes mellitus; perinatal mortality; hypertension and cerebrovascular disease; cancer of the oropharynx; cancer of the liver; cancer of the prostate; haemoglobinopathies; and vitamin D deficiency.
- There are estimated to be around 100-200 refugees and asylum seekers in North Yorkshire. As we are not an official dispersal area, there is little known about the needs of this group locally.

What do we need to do?

- More targeted engagement work with those communities that have specific health needs. For example, national research indicates that dementia is not understood by Asian communities and is seen as being mental illness, to which there is a high degree of stigma attached. This makes it less likely that people will access health services for an early diagnosis.
- We need to consider accessibility of services for people whose first language is not English, people who have low literacy, and people whose cultural needs may not be well understood.

- We need to ensure that appropriate carers support is available to those caring for relatives at home, and that people are aware of what's available.
- We do not have good local evidence about the needs of refugees, asylum seekers or those with unresolved migrant status, but they are likely to be significant.

Carers

What did we find?

- During 2009/10 over 6,000 carers were assessed or reviewed in the year with just under 4,000 receiving services.
- North Yorkshire has the highest rate per 1,000 of the population (aged 18+) of Carers receiving services of its comparator group.
- There are an estimated 13,981 people aged 65 and over providing unpaid care to a partner, family member or other person.
- The number of people claiming carers allowance in North Yorkshire in May 2011 was equivalent to 0.62% of the population, ranging from 0.46% in Harrogate to 1.00% in Scarborough. This compares with 0.92% for the whole of England.
- Effective interventions for carers include: identification of carers; recognising and involving carers as expert care partners in health and hospital discharge planning; enabling carers to have a life of their own; focusing on carers' health and wellbeing; and avoiding financial hardship.

What do we need to do?

- Refresh the North Yorkshire Carers Strategy to identify unmet needs.
- Ensure services for carers are viable.

Gypsy and Travellers

What did we find?

- It has been estimated using local data that there are 888 Gypsy and Traveller households in North Yorkshire.
- This may be an underestimation as Gypsies and Travellers face considerable prejudice and discrimination and there is an understandable reluctance to report cultural identity.
- Although we don't have local data, national and other evidence makes it clear that the Gypsy and Traveller population experience striking health inequalities e.g. poorer maternal and child health outcomes, life expectancy, and mental health.
- There is a clear relationship between health, accommodation type and travelling pattern.

What do we need to do?

- Access to high quality pitches.
- Ensure services meet the needs of the population and take into account reasons why access can be reduced (e.g. discrimination and fear of authority; missing appointments because of eviction; inability to read letters or less rigid approaches to timekeeping; lack

of awareness of services or that they're free; problems registering with a GP; or cultural issues).

Homeless

What did we find?

- The health needs of homeless people in North Yorkshire receiving a housing related support service showed in 2010/11 that of 824 people, 33% had a support need relating to physical health, 32% mental health and 26% substance misuse
- Access to services is reduced in people who are homeless which can be due to social stigma, inflexible services and chaotic lifestyles
- The estimated number of rough sleepers in North Yorkshire in Autumn 2010 was 21, in Autumn 2011 it was 14
- The number of Homelessness Acceptances in North Yorkshire in 2010/11 was 465

What do we have to do?

- Improve access to services for people who are homeless by taking into account the reasons for poor access
- Continue to provide the housing needs when people are identified as homeless.

Learning Disability and Difficulties including Special Educational Needs

What did we find?

- The number of people with Learning Difficulties in North Yorkshire is forecast to increase by 13% by 2030. The increase is predicted to be highest in Selby with an increase of 20%.
- North Yorkshire has above comparator rates of people with a Learning Disability receiving a community based service. However, the lowest rate is within Selby.
- Proportion of registered population aged 18+ on Learning disability register is higher than the county average in Harrogate and significantly lower than the county average in both Selby and Craven.
- Overall number of children with a statement of Special Educational Need (SEN) continues to fall year on year. However, the percentage reduction in the number of statements has fallen from 3.9% to 1.2% suggesting in the medium term the overall number of statements may stabilise.
- There is a significant gap in educational performance locally and nationally between children with SEN and their non-disabled peers.

What do we need to do?

- Consider the outcomes of the review for NHS respite provision.
- Need to understand the disparity between estimated population (18+) prevalence and numbers where community based support is provided.
- Data needed to identify and support future demands for learning disability services.

- Continue to deliver through the Special Educational Needs and Disability (SEND) Improvement Integration Strategy.

Lesbian, Gay, Bisexual and Transgender (LGBT)

What did we find?

- It is estimated that for the group aged 18-64, there are between 17,890 and 25,046 people that are gay or lesbian, and for 65+, between 6,090 and 8,526 people in North Yorkshire
- The LGBT community are more likely to suffer discrimination and mental health issues
- Rurality may contribute to increased isolation in the community

What do we have to do?

- Ensure services are aware and welcoming, with well trained staff.
- Mental health and wellbeing issues are recognized, identified and addressed
- Ensure access to services is not adversely affected (e.g. cancer screening)
- Reduce social isolation.

Offenders and Prisoners

What did we find?

- Offenders are much more likely than average to be subject to factors such as mental illness, poor emotional well-being, personality disorder, and learning disability.
- Alcohol misuse is linked to the offending behaviour of 46% the offenders and is linked to serious risk of harm for 30% the offenders locally.
- Probation identifies that 20% of its current caseload have a significant accommodation problem, which makes resettlement in the offender's own community very challenging. In North Yorkshire there is currently virtually no provision for offenders in the community either seeking accommodation or returning from prison seeking accommodation in the communities in several of the districts.
- A health needs assessment for Northallerton Prison (the only prison in North Yorkshire), was carried out in 2010. Since then, the prison population has changed from a population of young offenders, to one of young offenders and all-ages. Alcohol-related issues, substance misuse and a high smoking prevalence had all been identified as significant problems. Also, the possible under recording of mental health and learning disabilities was being explored.
- A recent multi-agency audit of young people in custody in North Yorkshire showed high levels of people with a child protection plan in place at some point or had been in the care system; high levels of contact with mental health services; homelessness; higher rates of Statement of Educational Needs; more likely to be not in education, employment or training; and high levels of substance misuse and alcohol misuse.

What do we need to do?

- Ensure effective partnership working to address offender mental health problems.

- Provide early intervention and treatment around offender alcohol misuse.
- Improve availability of accommodation for offenders.
- Ensure prison health services have the capacity to meet changing demands with the change in population from a young to a mixed population.
- Additional capacity for CAMHS trained health secondees in the Youth Justice System to adequately assess and provide Tier 3 health interventions.
- Improved links required with Wetherby Young Offenders Institution and other custodial establishments to improve transitions planning.
- Greater provision of assessment and speech therapy for those with speech, language or communication needs in Youth Justice System.
- Greater provision of sexual health worker time across North Yorkshire, and a particular need in Scarborough for this service.
- Ensure effective transitions between youth services to adult services

Older People

What did we find?

- Local policy is successfully beginning the shift in balance between older people's care needs being beds- or buildings-based to more community-based solutions.
- The total number of people over the age of 65 is likely to rise from 125,000 to around 160,000 in the next 10 years (by 2021).
- The increasing number of people who will be older will impact on a number of conditions which are associated with increasing age, in particular dementia, long term conditions and disabilities.
- These impacts will be on a range of services including health, social care, housing and transport.
- Many older people are healthy and well and make a major contribution to the health and well-being agenda as direct carers, as volunteers in their local voluntary organisations and through much silent, often un-noticed work both with families, their neighbours and their faith groups.
- Older people have specific needs around accessing and receiving high quality support and information; managing their own support as much as they wish, so that they are more in control of what, how and when support is delivered to meet their needs; helping carers to carry out their caring roles while at the same time maintaining their quality of life; finding activity and occupation (or employment) when they want, maintaining a family and social life, contributing to community life, and avoiding loneliness or isolation.

What do we need to do?

- Understand better the impact of economic, social, housing and other environmental factors on the lives of older people in terms of their health and well-being or the ways and the extent to which they are made to feel more vulnerable.

- Develop outcome measures that illustrate the effect of service delivery on the qualitative aspects of people's lives, not just quantitative.
- Develop versatile and flexible local responses and services to reflect a person-centred, user-led approach especially for the increasing numbers of older people with more intensive needs.
- Avoid seeing old age as an inevitable burden on society but recognise that some older people may be frail and in need of intense support for some period in their lives but many others are fit and well and a major asset to our communities.

People with Physical Disability or Sensory Impairment

What did we find?

- Figures for the number of people receiving services from North Yorkshire County Council Health and Adults Services where the main category is 'physical disability'[31] are highest in Craven and Scarborough with rates per 1000 people of 37.4 and 35.7 respectively.
- The number of people with serious physical disabilities in North Yorkshire is forecast to increase from 9,300 to 9,600 between 2011 and 2030. The highest forecast increase is Selby with an expected 12% increase over the next 20 years.
- In March 2011 there were 2,040 people registered as partially sighted in North Yorkshire, a rate of 3.4 persons per 1000 population, compared with the national average of 2.9 persons per 1000. In the 75+ age group the rate rises to 19.7 persons per 1000 population in North Yorkshire and 22.9 nationally.
- People with a moderate or severe hearing impairment are due to increase across the county by 56% from 69,000 to 108,000 between 2011 and 2030.
- The highest estimated increase is in the Richmondshire District with a 69% increase or 3,500 extra people.
- Craven has the highest prevalence with 165.4 per 1,000 of the population having a moderate or severe hearing impairment.

What do we need to do?

- To implement the Physical and Sensory Impairment Equal Lives action plan which highlights the need for
    - clear comprehensive pathways with consistent outcomes for a range of long term conditions.
    - To provide services which take account of the needs of disabled people.
    - To develop easy accessible information so that all people are aware of how/when/where they can get treatment and the services they need.

31 Numbers of people receiving care where the current main category is 'physical disability' are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=321 and for 'learning disability' at http://www.streamlis.org.uk/QuickLink.aspx?id=322

- Early access and general access to information for patients related to health and social care services (Eye Health & Sight loss).
- Preventable approach to avoidable sight loss and promoting eye health.
- Communication support to access health and social care services to ensure timely access to well co-ordinated British Sign Language interpreting services.
- Access to supported self-assessment and carers' assessments.
- Equity of access to deaf services.

Service Personnel and their Families

What did we find?

- Serving personnel receive their primary healthcare via the Ministry of Defence. Local partnerships exist to ensure that the needs of service families are met and that their presence in North Yorkshire is mutually beneficial.
- The children and families of service personnel experience a unique set of circumstances. These include the strain of a parent living away and the readjustment on returning; bereavement; and frequent moves. There are concerns about social and emotional functioning in younger children and risky behaviours in older children compared to their peers. Children with health problems or support needs can suffer from a lack of continuity of care when they move.
- Veterans can experience some specific health issues related to their service, particularly mental health problems and alcohol misuse. Approximately 6% of the homeless population nationally is estimated to be ex-service personnel, but as there is a tendency to stay in the area where they were recruited or the base at which they served, there is a need in North Yorkshire for housing related support.

What do we need to do?

- Whilst many of the needs identified in the evidence are being met well by local services, we need to be aware that recent and current conflicts in Iraq and Afghanistan may exacerbate them.
- The majority of health and wellbeing needs of serving personnel are the responsibility of the military, however further joint work to improve our understanding of the support that other agencies and communities could provide would be beneficial.
- Families and children of serving personnel are in a unique situation, and their particular needs should continue to be recognised by all services and communities who come into contact with them.
- Veterans may have specific health needs related to their service, and services that come into contact with them should be aware of this, and of the Armed Forces Covenant.
- Ensure sufficient housing support for ex-service personnel.

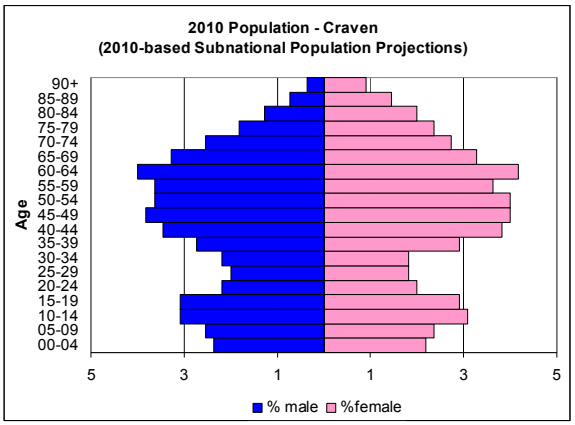
District and CCG Summaries

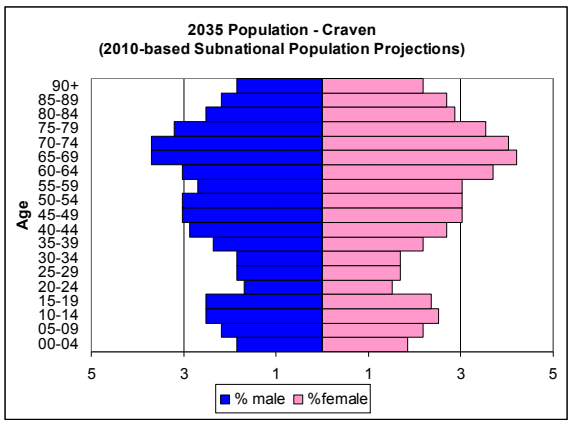
A Profile of Craven District (incorporating the Craven element of Airedale, Wharfedale and Craven CCG)

Population

Craven has a population of 55,400 (ONS 2010 Mid Year Population Estimates[32]). It is a rural district with a population density of only 47 people per km^2, the third lowest in North Yorkshire and the fifth lowest in England. It has no major towns or settlement with populations over 15,000. Its largest town is Skipton which had, in 2010, a population of 14,530[33].

As in the rest of North Yorkshire, Cravens population is increasing and ageing with a projected population of 59,300 by 2030[34]. The population of older people (65 and over) is expected to increase from 23.1% in 2010 to 36.9% by 2035 while the population aged 0-19 years is expected to fall from 21.5% to 17.9% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Craven has a estimated smaller proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average but the second highest proportion of people not classified as 'White: British' (8.7%% of the population) in the county of which 'Asian or Asian British' accounts for 3.6%. (ONS Mid-2009 Population Estimates Experimental Data[35]).

Deprivation

Deprivation compared to the national average

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32 ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at www.streamlis.org.uk/QuickLink.aspx?id=326

33 Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

34 ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

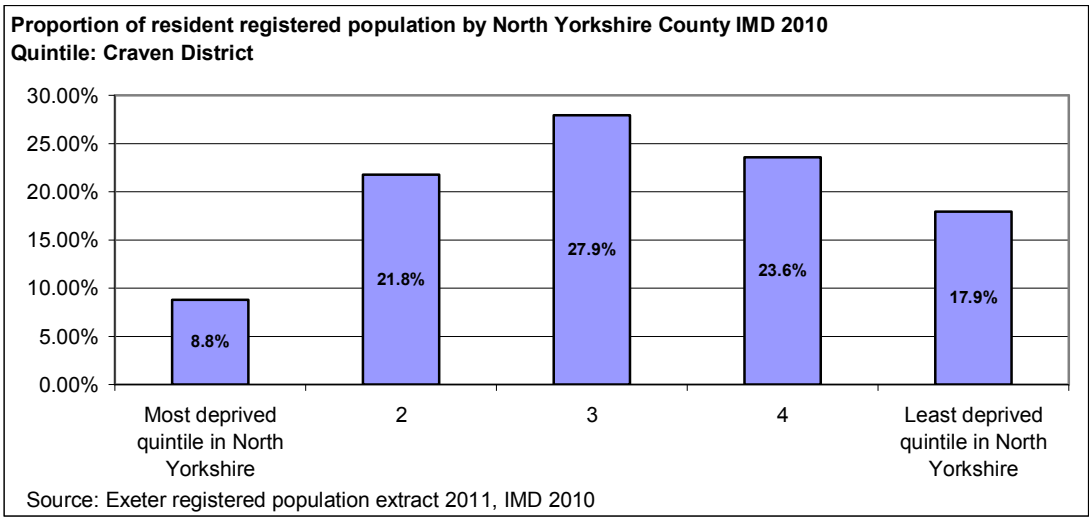
35 Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at www.streamlis.org.uk/QuickLink.aspx?id=331

Craven is a relatively prosperous district ranking 241 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). However, there are two Lower Super Output Areas (LSOAs) in the Skipton area (both located within the Skipton South ward) that are ranked within the 20% most deprived in England[36].

Despite being relatively prosperous compared to the national average based on the overall IMD scores, areas right across the district suffer deprivation specifically in relation to access to services (one of the components that make up the overall IMD score). Of Craven's 32 LSOAs, 2 are in the most deprived 1% of England's LSOAs (ranked by the Geographical Barriers deprivation index) and 14 in the top 20%. The Geographic Barriers deprivation index is calculated from: Road distance to a GP surgery, Road distance to a supermarket or convenience store, Road distance to a primary school, Road distance to a Post Office.

Deprivation compared to North Yorkshire County

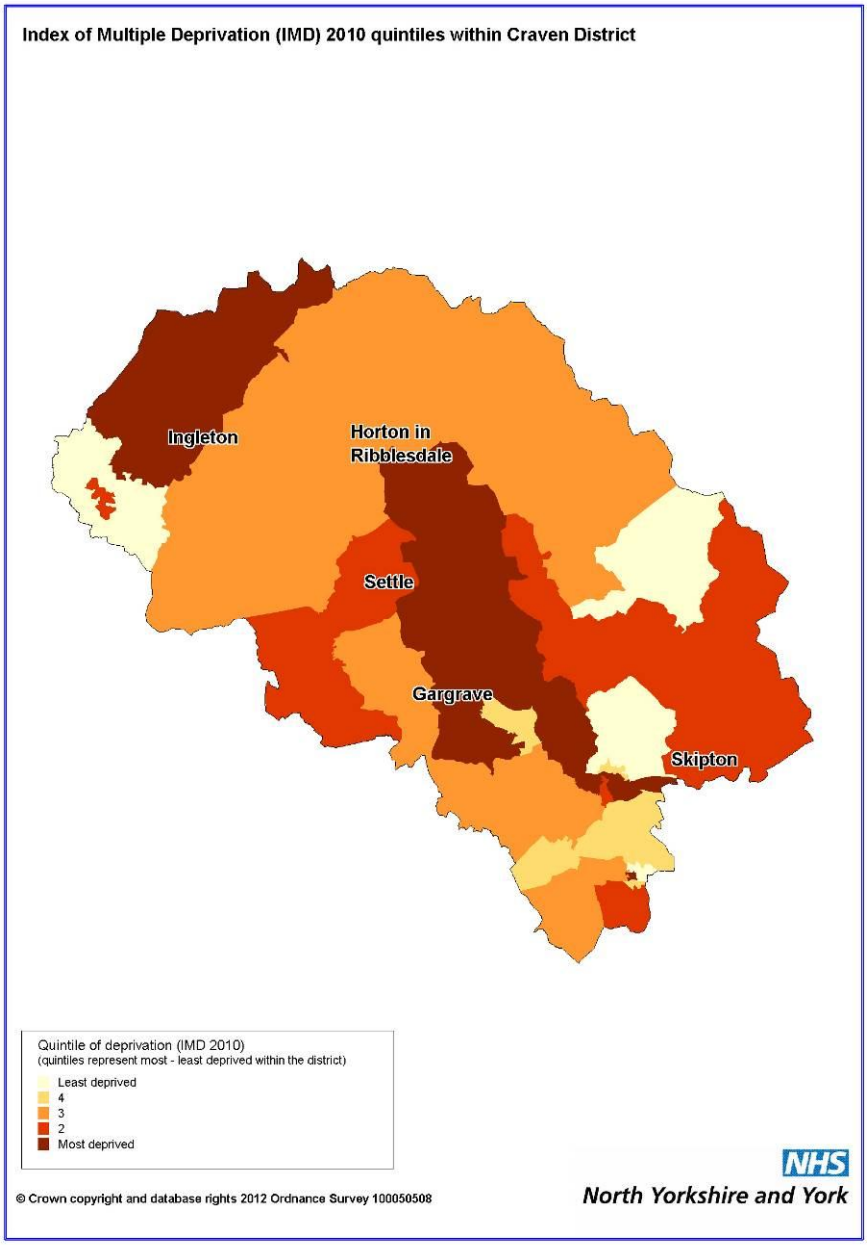
The chart below shows how the population of Craven is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score) and shows that the majority of the population of Craven live in the middle three quintiles.



Deprivation within Craven

Based on the overall IMD score, the map below shows the most and least deprived areas within Craven (i.e. the most deprived fifth of the population within Craven, through to the least deprived).

[36] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Other factors related to deprivation

The unemployment claimant count rate[37] in Craven increased from 2.0% (684 claiming Job Seekers Allowance) in July 2011 to 2.3% (756 claimants) in January 2012, remaining below the County average of 2.8%.

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Craven during 2009 was 9.6% compared with a national average of 21.9%[38]. 2009 saw an increase from 9.1% during 2008.

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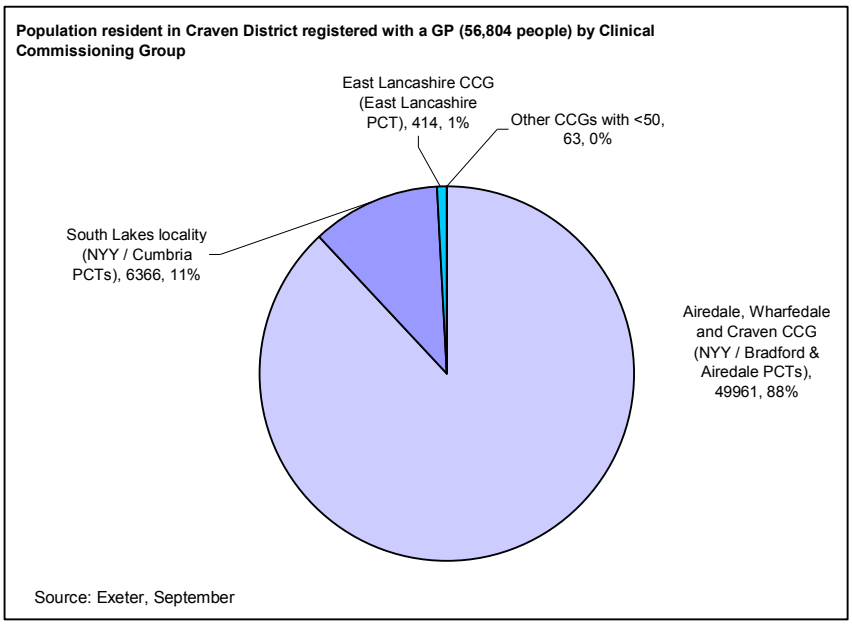
[37] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

[38] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

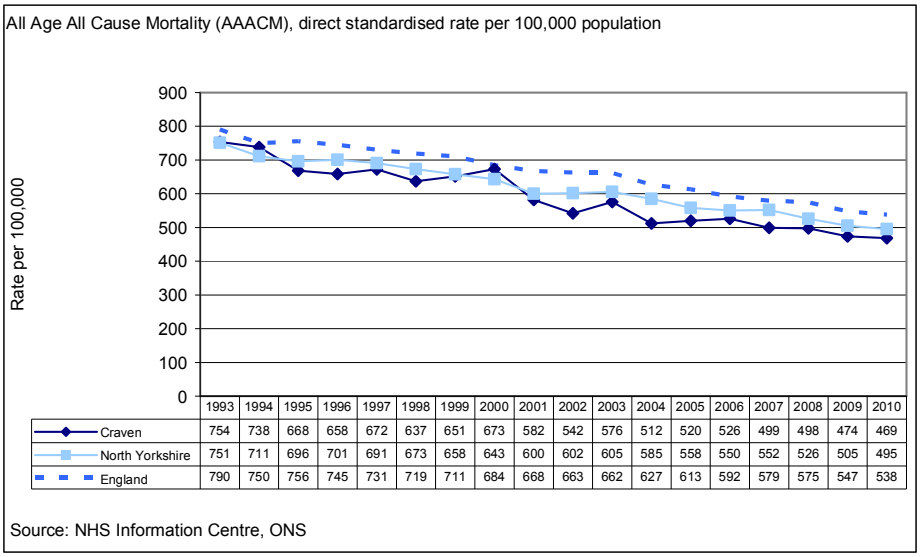
Clinical Commissioning Groups

Residents of Craven district are predominantly registered with practices that form part of the Airedale, Wharfedale and Craven CCG which accounts for 88% of all residents. The remaining residents are predominantly registered with Bentham practice (which forms part of the South Lakes Locality CCG).



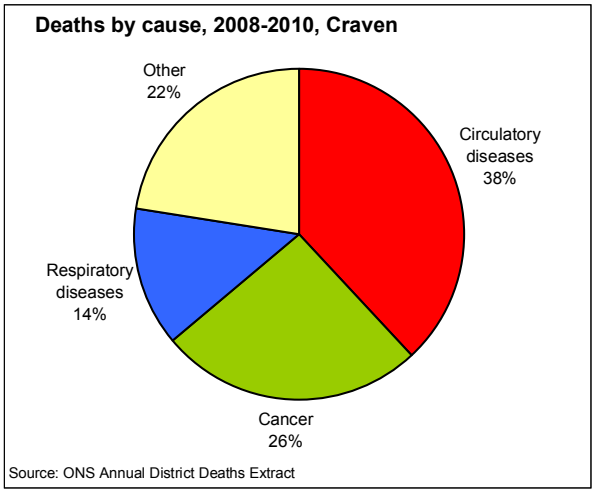
Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 2010 the AAACM rate in Craven was consistently lower than the national average and falling at a similar pace. During 2008-10, the rate was 480 per 100,000, statistically significantly lower than the national average of 553. Mortality is higher amongst males (573 per 100,000) compared to females (402 per 100,000)[39].



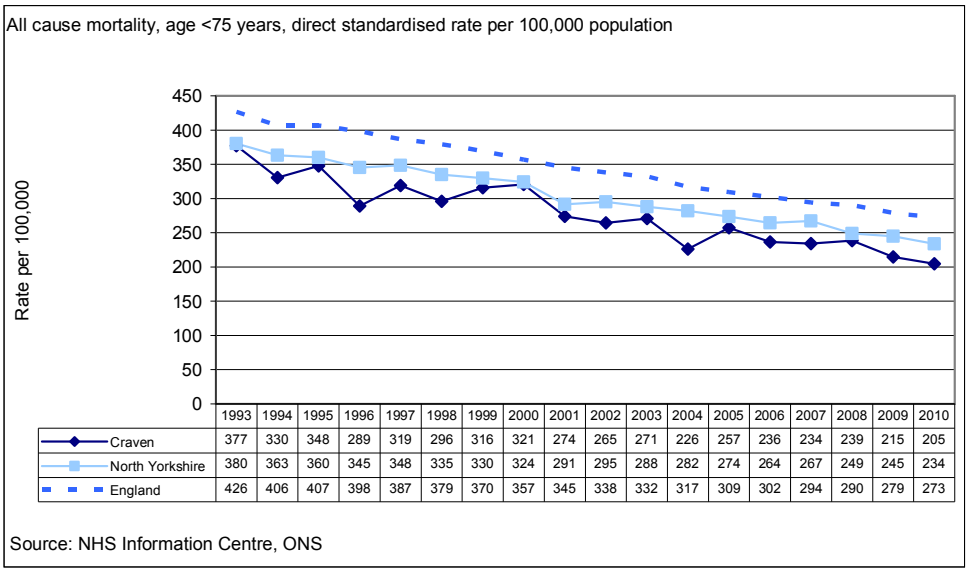
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Craven	754	738	668	658	672	637	651	673	582	542	576	512	520	526	499	498	474	469
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

[39] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

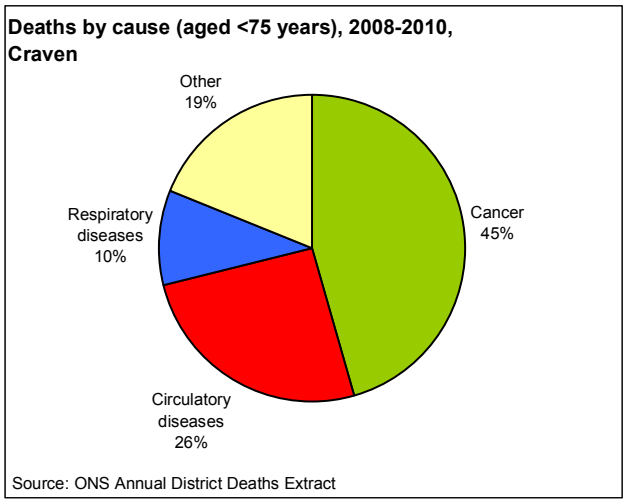


Circulatory diseases are the leading cause of death amongst residents of Craven District accounting for 38% of all deaths.

The premature death rate (aged under 75 years) from all causes was significantly lower than the national average of 281 per 100,000 during 2008-10 in Craven (219 per 100,000)[40] and fell between 1993 and 2010 at a similar pace compared to the national average.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Craven	377	330	348	289	319	296	316	321	274	265	271	226	257	236	234	239	215	205
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

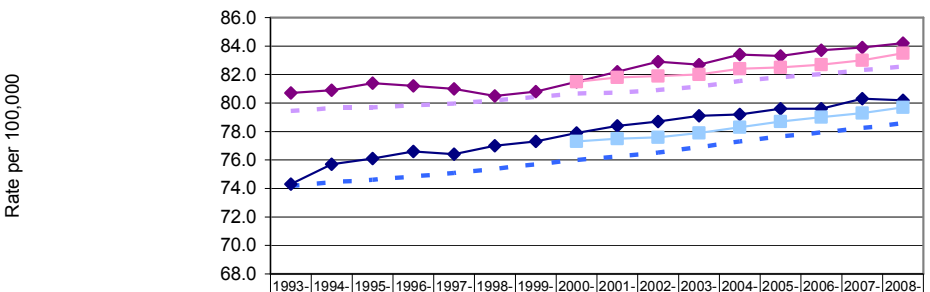


The leading cause of death for those dying prematurely (<75 years) in Craven is Cancer, accounting for 45% of all deaths.

[40] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Craven was 80.2 and females 84.2, significantly higher than the national averages of 78.6 and 82.6 and shows a rising trend[41]. The gap between male and female life expectancy has narrowed considerably since 1993 though females can still expect to live around four years longer than males in Craven.

Life expectancy at birth

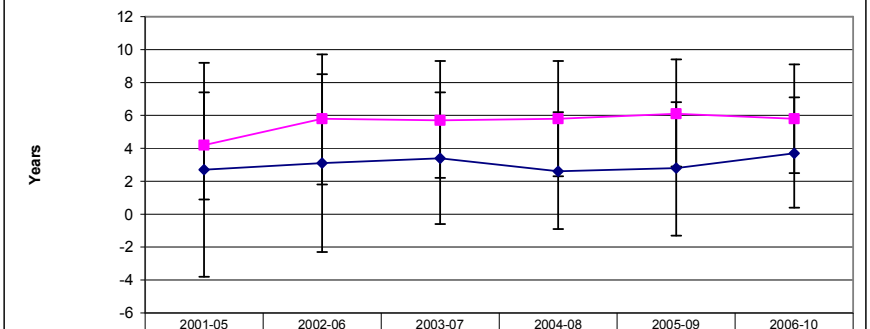


	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Craven (males)	74.3	75.7	76.1	76.6	76.4	77.0	77.3	77.9	78.4	78.7	79.1	79.2	79.6	79.6	80.3	80.2
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Craven (females)	80.7	80.9	81.4	81.2	81.0	80.5	80.8	81.5	82.2	82.9	82.7	83.4	83.3	83.7	83.9	84.2
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Craven's most deprived communities will die, on average 3.7 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Craven will die, on average 5.8 years earlier than those in the least deprived communities in Craven[42]. Between 2001 and 2010, the Slope Index of Inequalities (SII) was fairly stable for both males and females. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), trend for Craven, 2001-2010



	2001-05	2002-06	2003-07	2004-08	2005-09	2006-10
Male	2.7	3.1	3.4	2.6	2.8	3.7
Female	4.2	5.8	5.7	5.8	6.1	5.8

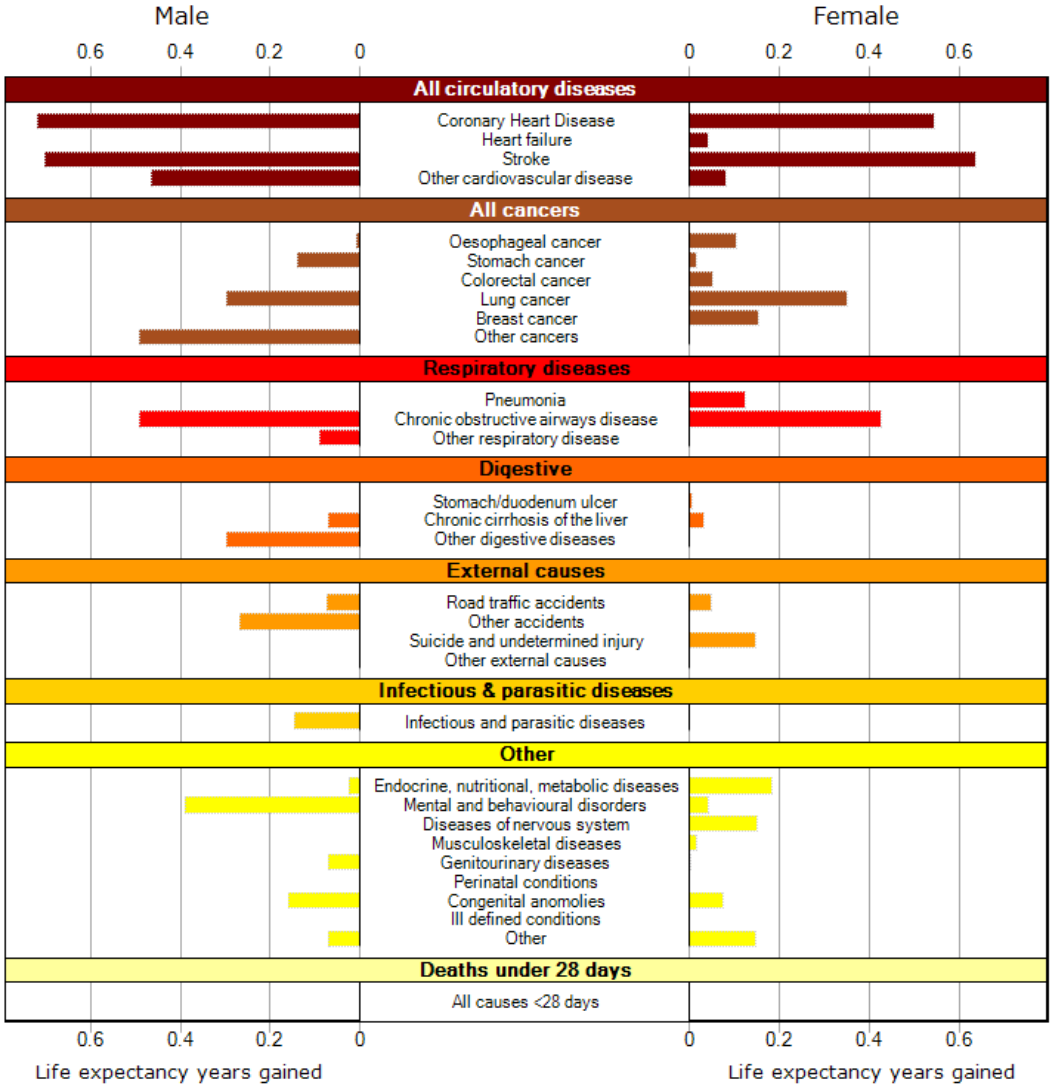
Source: LHO

41 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

42 Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012

The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Craven had the same mortality rate as the least deprived quintile in the local authority for each cause of death[43]. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Craven had the same mortality rate as the least deprived quintile in the local authority for each cause of death



Source: LHO Health Inequalities Intervention Tool

Community Health Profile for Craven

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. The health summary that appeared in the 2011 profile for Craven is shown below, outlining how the health of people in Craven compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802.

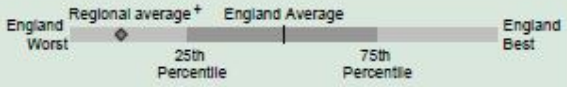
[43] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

Health summary for Craven

36UB

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



+ In the South East Region this represents the Strategic Health Authority average

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	0	0.0	19.9	89.2		0.0
	2	Proportion of children in poverty	945	8.7	20.9	57.0		5.7
	3	Statutory homelessness	8	0.33	1.86	8.28		0.08
	4	GCSE achieved (5A*-C inc. Eng & Maths)	547	67.7	55.3	38.0		78.6
	5	Violent crime	376	6.8	15.8	35.9		4.6
	6	Long term unemployment	100	3.0	6.2	19.6		1.0
Children's and young people's health	7	Smoking in pregnancy	70	14.5	14.0	31.4		4.5
	8	Breast feeding initiation	353	72.2	73.6	39.9		95.2
	9	Physically active children	5329	64.0	55.1	26.7		80.3
	10	Obese children (Year 6)	78	15.1	18.7	28.6		10.7
	11	Children's tooth decay (at age 12)	n/a	0.8	0.7	1.6		0.2
	12	Teenage pregnancy (under 18)	25	22.5	40.2	69.4		14.6
Adults' health and lifestyle	13	Adults smoking	n/a	21.9	21.2	34.7		11.1
	14	Increasing and higher risk drinking	n/a	25.7	23.6	39.4		11.5
	15	Healthy eating adults	n/a	30.1	28.7	19.3		47.8
	16	Physically active adults	n/a	13.7	11.5	5.8		19.5
	17	Obese adults	n/a	22.8	24.2	30.7		13.9
Disease and poor health	18	Incidence of malignant melanoma	10	21.1	13.1	27.2		3.1
	19	Hospital stays for self-harm	83	174.4	198.3	497.5		48.0
	20	Hospital stays for alcohol related harm	1092	1392	1743	3114		849
	21	Drug misuse	222	6.4	9.4	23.8		1.8
	22	People diagnosed with diabetes	2435	5.08	5.40	7.87		3.28
	23	New cases of tuberculosis	3	5	15	120		0
	24	Hip fracture in 65s and over	60	315.0	457.6	631.3		310.9
Life expectancy and causes of death	25	Excess winter deaths	50	26.5	18.1	32.1		5.4
	26	Life expectancy - male	n/a	80.3	78.3	73.7		84.4
	27	Life expectancy - female	n/a	83.9	82.3	79.1		89.0
	28	Infant deaths	1	1.42	4.71	10.63		0.68
	29	Smoking related deaths	105	183.5	216.0	361.5		131.9
	30	Early deaths: heart disease & stroke	46	59.7	70.5	122.1		37.9
	31	Early deaths: cancer	73	93.8	112.1	159.1		76.1
	32	Road injuries and deaths	61	108.9	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2006 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

Craven 'Big Issues' (incorporating the Craven element of Airedale, Wharfedale and Craven CCG)

The issues received from people and organisations based in Craven were overall similar to those received from other areas of the county. There was very slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural parts of the county. One issue raised that was unique to Craven was the potential health problems resulting from the large number of properties that rely on private (i.e. non-mains) water supplies.

Issues that were mentioned during the JSNA event held in Craven during December 2011 were again fairly typical of other areas.

Issues mentioned during discussion at the Craven JSNA event	
Issue	**Event**
Accessibility (including minority groups)	
Services & support from within the community	
Local solutions for local problems	
Life style choice v access to services	
Independent living – enablement	
Social isolation and mental health	
Life style education – it means you!	
Quick fixes, flexibility	Only mentioned at the Craven event
Use of parish councils	Only mentioned at the Craven event
Prevention/early intervention - low level intervention now	
Use of technology to bring services "local"	Only mentioned at the Craven event
Transport	

Issues identified for Craven District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Skipton South ward had a significantly higher rate of teenage pregnancy than the national average.

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty (25.1%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Highest proportion of private water supplies compared to the rest of North Yorkshire.
- Craven has a house price to earnings ratio in the worst quartile for affordability compared to England.

F Strengthen the role of ill-health prevention

- Lowest uptake of seasonal influenza immunisation in the 65 years and over age band in practices in Craven (70.8%) compared to North Yorkshire (74.1%) and England average (72.8%).
- Ensure the age extension of the Pennine breast screening service is implemented.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- Craven is in the 2nd bottom quintile nationally for dying in place or usual residence (i.e. below average).
- Craven District had rates significantly higher mortality rates from stroke than the national average.

Population Groups

Learning Disability and Difficulties including Special Educational Needs

- Significantly lower than county average of registered GP population aged 18+ on Learning disability register (Airedale, Wharf dale and Craven CCG).

Older People

- The number of people in Craven District aged 65 and over is set to increase from 13,000 to around 16,900 by 2021.

People with Physical Disability or Sensory Impairment

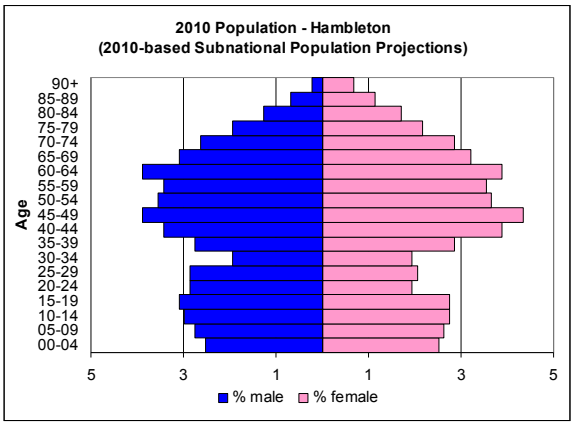
- Craven has the highest estimated proportion of the working age population who are disabled at 24.5%.
- Highest rate of numbers receiving services from NYCC Health and Adult Services (37.4 per 1,000).
- Craven has the highest estimated prevalence with 165.4 per 1,000 of the population having a moderate or severe hearing impairment.

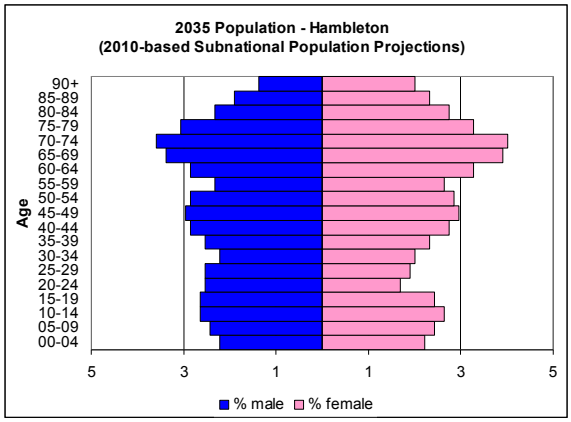
A Profile of Hambleton District

Population

Hambleton has a population of 87,600 (ONS 2010 Mid Year Population Estimates[44]). It is a rural district with a population density of 67 people per km^2, below the North Yorkshire average of 75 and well below the national average of 401. It has one major town with a population over 15,000, Northallerton, home to 18,730 people. Its second largest town is Thirsk which had, in 2010, a population of 9,940[45].

As in the rest of North Yorkshire, the population of Hambleton is increasing and ageing with a projected population of 94,600 by 2035[46]. The population of older people (65 and over) is expected to increase from 21.5% in 2010 to 33.8% by 2035 while the population aged 0-19 years is expected to fall from 21.8% to 19.7% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Hambleton has the smallest estimated proportion of Black, Asian and Minority Ethnic (BAME) groups across North Yorkshire with just 4.8% of the population classified in other categories than 'White British' much lower than the national average of 17.2%. Within these minority groups, the 'White Other' category accounts for 1.6% of the total population of Hambleton (ONS Mid-2009 Population Estimates Experimental Data[47]).

Deprivation

Deprivation compared to the national average

Relative to the national average, Hambleton is a prosperous area ranking 265 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). It has

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44 ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=326

45 Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

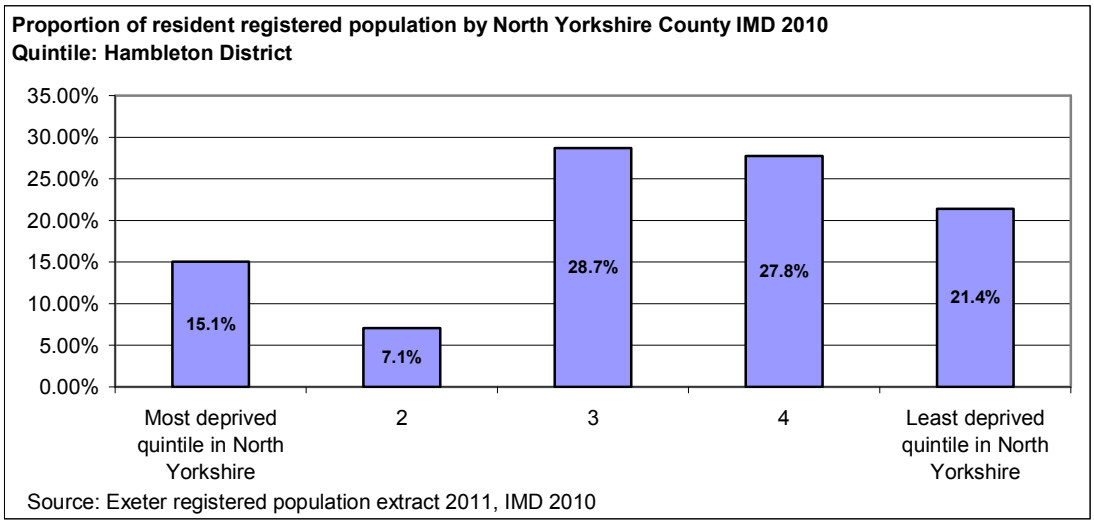
46 ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

47 Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

no Lower Super Output Areas (LSOAs) that are ranked within the 20% most deprived in England[48].

Deprivation compared to North Yorkshire County

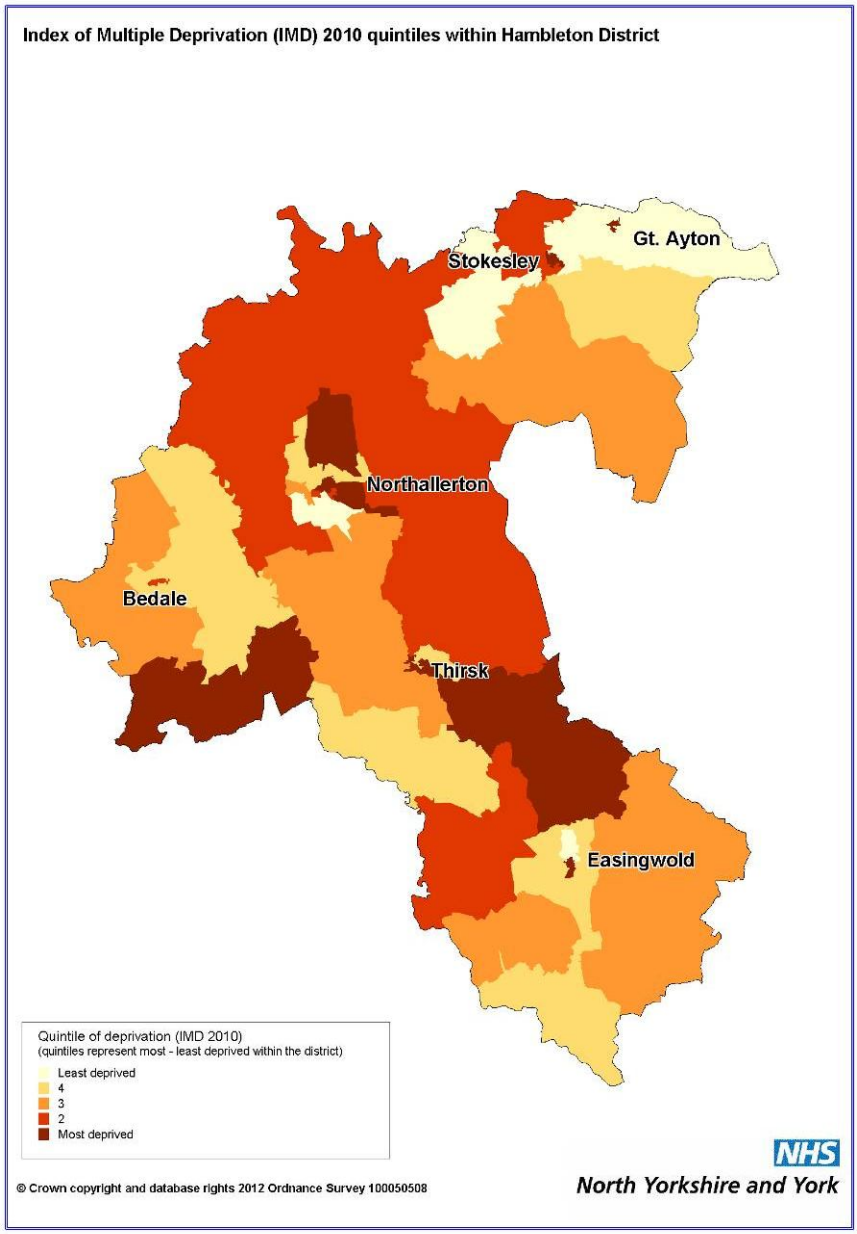
The chart below shows how the population of Hambleton is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score). Compared to the other districts in North Yorkshire, Hambleton is the second least deprived district and the majority of the population of Hambleton live in the top three least deprived quintiles. However, 15.1% of the districts population reside in areas that fall into the last deprived fifth of the county.



Deprivation within Hambleton

Based on the overall IMD score, the map below shows the most and least deprived areas within Hambleton, (i.e. the most deprived fifth of the population within Hambleton, through to the least deprived).

[48] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Other factors related to deprivation

The unemployment claimant count rate[49] in Hambleton increased from 1.9% (1,030 claiming Job Seekers Allowance) in July 2011 to 2.1% (1,143 claimants) in January 2012, similar to the North Yorkshire average of 2.8% and below the national average of 4.0%.

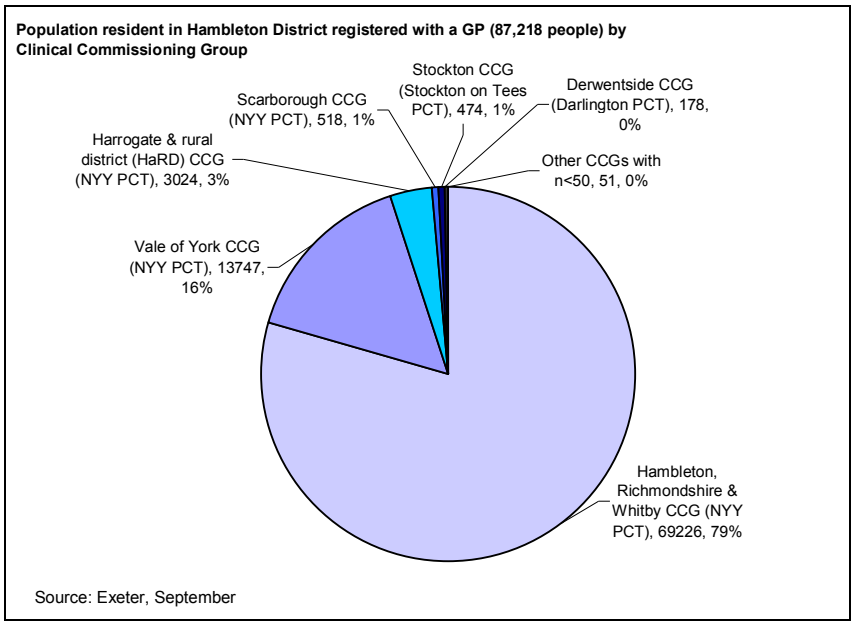
Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Hambleton during 2009 was 9.7% compared with a national average of 21.9%[50]. 2009 saw an increase from 9.2% during 2008.

[49] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

[50] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

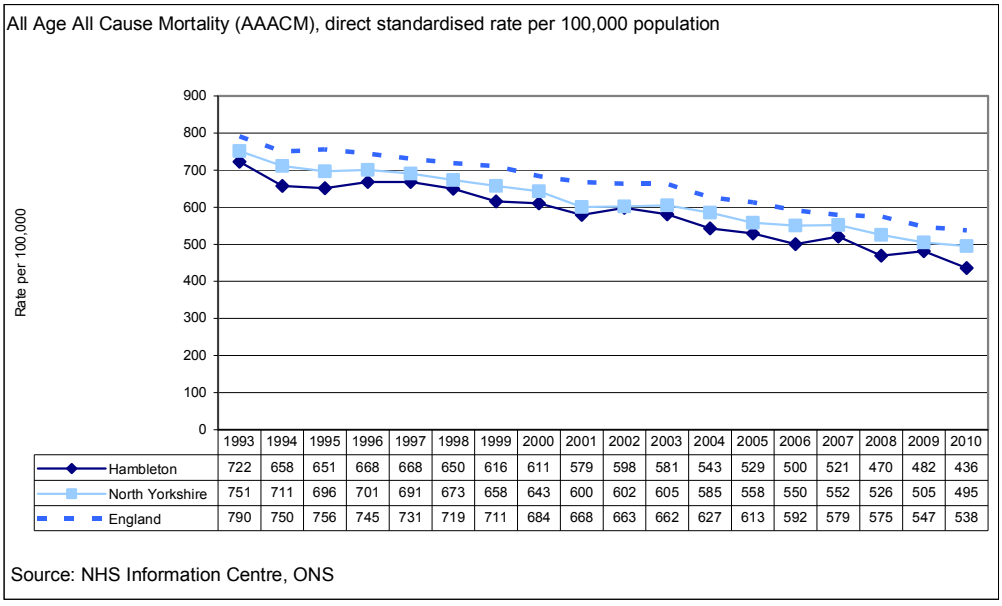
Clinical Commissioning Groups

Residents of Hambleton district are predominantly registered with practices that form part of Hambleton, Richmondshire and Whitby CCG. The remainder are predominantly registered with the Vale of York CCG.



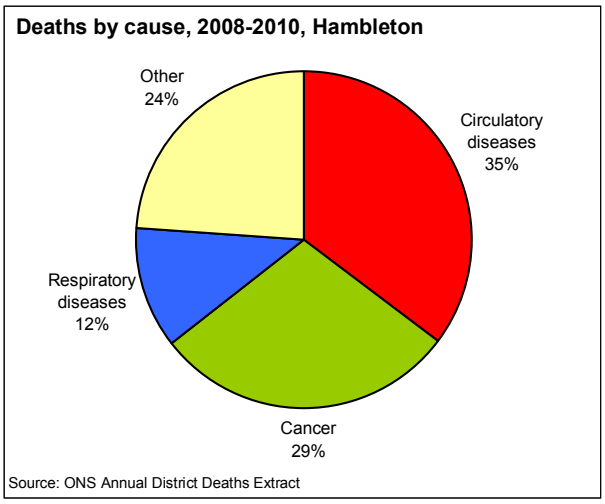
Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 2010 the AAACM rate in Hambleton was consistently lower than the national average and falling at a similar pace. During 2008-10, the rate was 480 per 100,000, statistically significantly lower than the national average of 553. Mortality is higher amongst males (534 per 100,000) compared to females (406 per 100,000)[51].



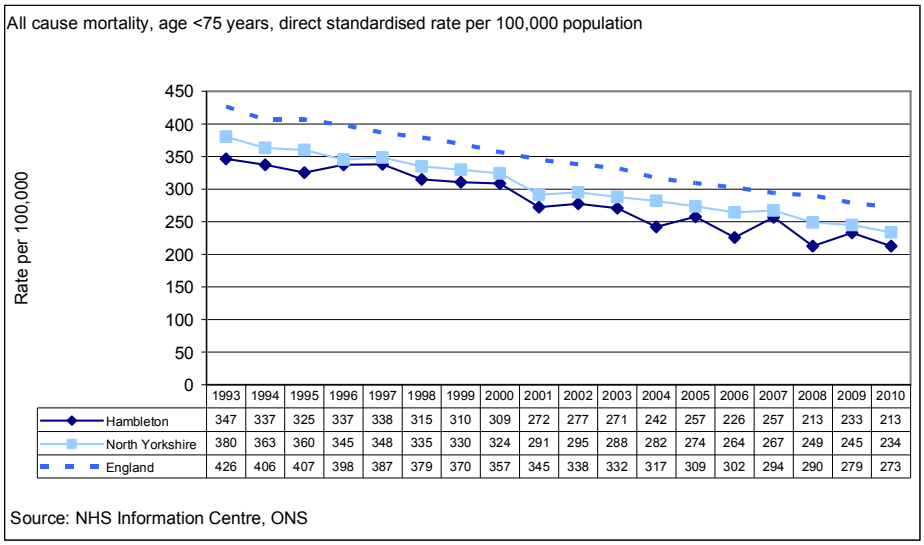
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Hambleton	722	658	651	668	668	650	616	611	579	598	581	543	529	500	521	470	482	436
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

[51] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

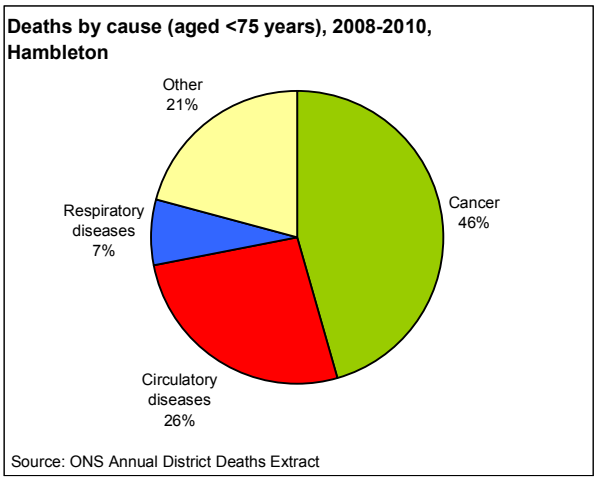


Circulatory diseases are the leading cause of death amongst residents of Hambleton District accounting for 35% of all deaths.

The premature death rate (aged under 75 years) from all causes was significantly lower than the national average of 281 per 100,000 during 2008-10 in Hambleton (219 per 100,000)[52] and fell between 1993 and 2010 at a similar pace compared to the national average.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Hambleton	347	337	325	337	338	315	310	309	272	277	271	242	257	226	257	213	233	213
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

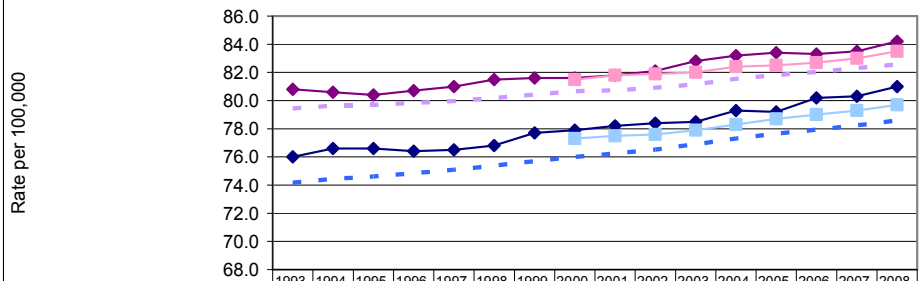


The leading cause of death for those dying prematurely (<75 years) in Hambleton is Cancer, accounting for 46% of all deaths.

[52] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Hambleton was 81.0 and females 84.2, significantly higher than the national averages of 78.6 and 82.6 and shows a rising trend[53]. The gap between male and female life expectancy has narrowed since 1993 though females can still expect to live around three years longer than males in Hambleton.

Life expectancy at birth

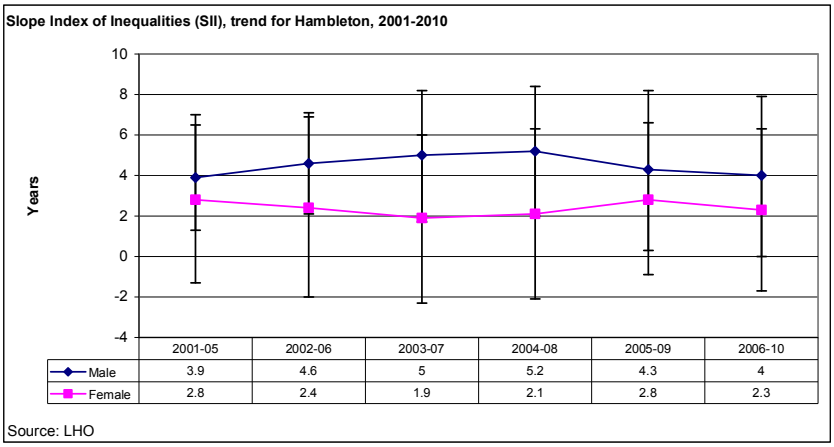


	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Hambleton (males)	76.0	76.6	76.6	76.4	76.5	76.8	77.7	77.9	78.2	78.4	78.5	79.3	79.2	80.2	80.3	81.0
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Hambleton (females)	80.8	80.6	80.4	80.7	81.0	81.5	81.6	81.6	81.8	82.1	82.8	83.2	83.4	83.3	83.5	84.2
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Hambleton's most deprived communities will die, on average 4.0 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Hambleton will die, on average 2.3 years earlier than those in the least deprived communities in Hambleton[54]. Between 2001 and 2008, the Slope Index of Inequalities (SII) for males increased though has fallen over the last few years back to the level observed in 2001-05. For females, the SII has remained fairly stable over the last ten years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), trend for Hambleton, 2001-2010



	2001-05	2002-06	2003-07	2004-08	2005-09	2006-10
Male	3.9	4.6	5	5.2	4.3	4
Female	2.8	2.4	1.9	2.1	2.8	2.3

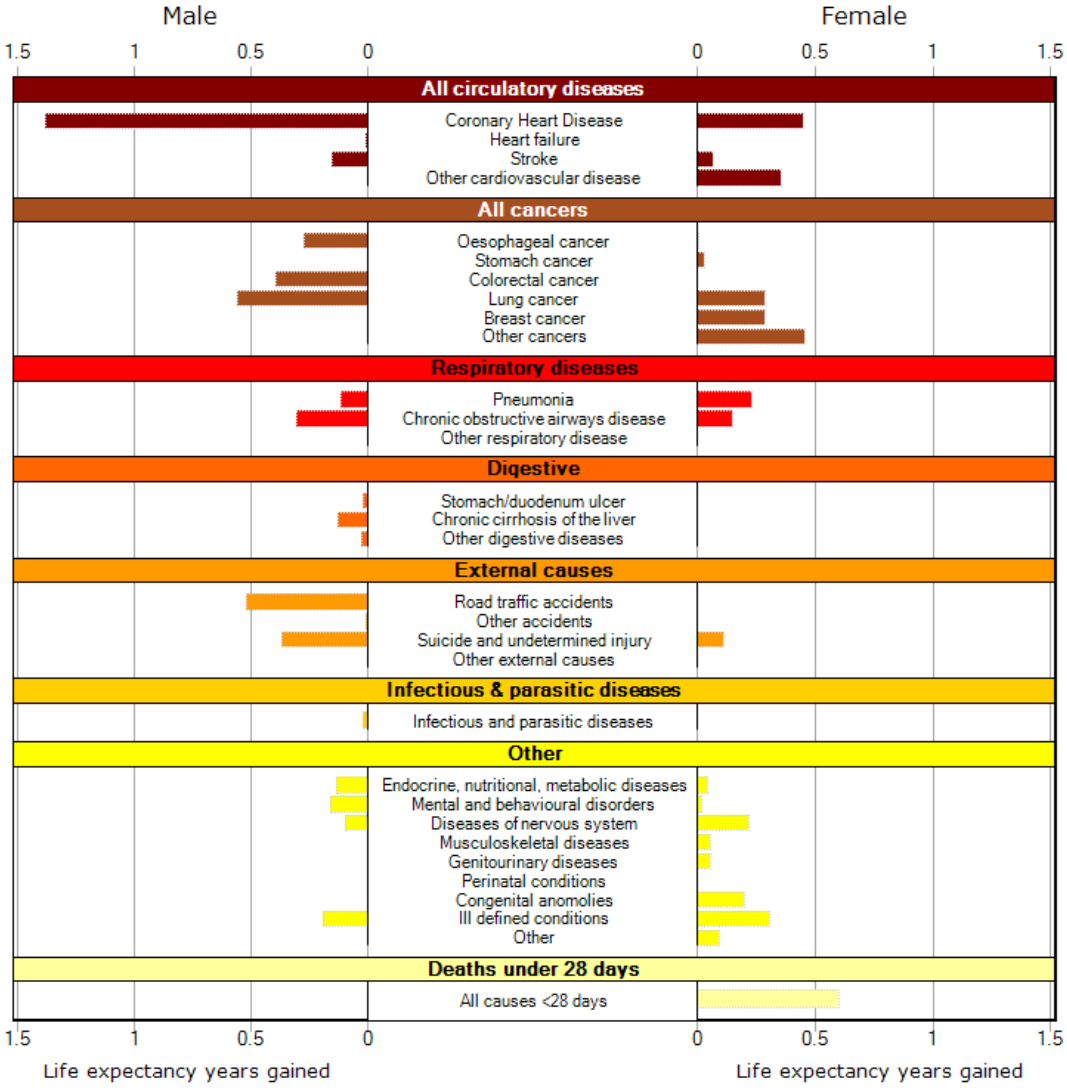
Source: LHO

[53] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

[54] Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012

The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Hambleton had the same mortality rate as the least deprived quintile in the local authority for each cause of death[55]. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Hambleton had the same mortality rate as the least deprived quintile in the local authority for each cause of death



Source: LHO Health Inequalities Intervention Tool

Community Health Profile for Hambleton

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England.

[55] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

The health summary that appeared in the 2011 profile for Hambleton is shown below, outlining how the health of people in Hambleton compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Health summary for Hambleton

36UC

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | Regional average + | England Average | England Best

25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	0	0.0	19.9	89.2		0.0
	2	Proportion of children in poverty	1510	8.5	20.9	57.0		5.7
	3	Statutory homelessness	47	1.31	1.86	8.28		0.08
	4	GCSE achieved (5A*-C inc. Eng & Maths)	632	62.1	55.3	38.0		78.6
	5	Violent crime	748	8.6	15.8	35.9		4.6
	6	Long term unemployment	149	2.7	6.2	19.6		1.0
Children's and young people's health	7	Smoking in pregnancy	130	14.5	14.0	31.4		4.5
	8	Breast feeding initiation	651	72.2	73.6	39.9		95.2
	9	Physically active children	6076	53.0	55.1	26.7		80.3
	10	Obese children (Year 6)	106	13.3	18.7	28.6		10.7
	11	Children's tooth decay (at age 12)	n/a	1.2	0.7	1.6		0.2
	12	Teenage pregnancy (under 18)	44	27.3	40.2	69.4		14.6
Adults' health and lifestyle	13	Adults smoking	n/a	18.1	21.2	34.7		11.1
	14	Increasing and higher risk drinking	n/a	30.0	23.6	39.4		11.5
	15	Healthy eating adults	n/a	30.2	28.7	19.3		47.8
	16	Physically active adults	n/a	14.7	11.5	5.8		19.5
	17	Obese adults	n/a	24.3	24.2	30.7		13.9
Disease and poor health	18	Incidence of malignant melanoma	15	14.7	13.1	27.2		3.1
	19	Hospital stays for self-harm	108	154.0	198.3	497.5		48.0
	20	Hospital stays for alcohol related harm	1769	1431	1743	3114		849
	21	Drug misuse	195	3.5	9.4	23.8		1.8
	22	People diagnosed with diabetes	3412	4.95	5.40	7.87		3.28
	23	New cases of tuberculosis	2	2	15	120		0
	24	Hip fracture in 65s and over	89	385.8	457.6	631.3		310.9
Life expectancy and causes of death	25	Excess winter deaths	44	17.5	18.1	32.1		5.4
	26	Life expectancy - male	n/a	80.3	78.3	73.7		84.4
	27	Life expectancy - female	n/a	83.5	82.3	79.1		89.0
	28	Infant deaths	3	3.11	4.71	10.63		0.68
	29	Smoking related deaths	144	177.7	216.0	361.5		131.9
	30	Early deaths: heart disease & stroke	62	51.1	70.5	122.1		37.9
	31	Early deaths: cancer	123	105.1	112.1	159.1		76.1
	32	Road injuries and deaths	98	112.3	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

Source: Department of Health, © Crown Copyright 2011

Big Issues for Hambleton District

The issues received from people and organisations based in Hambleton were overall similar to those received from other areas of the county. There was very slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural parts of the county.

Issues that were mentioned during the JSNA event held in Hambleton during December 2011 were again fairly typical of other areas.

Issues mentioned during discussion at the Hambleton JSNA event	
Issue	**Event**
Access	
Active Transport	
Ageing	
Alcohol and Mental health	
Education	
Employment (learning disabilities, youth)	Only mentioned at the Hambleton event
Housing	Only mentioned at the Hambleton event
Hospital discharge – joined up working	Only mentioned at the Hambleton event
Isolation (Social Integration)	
Keeping people happy	
Prevention (obese)	
Respect for other people	Only mentioned at the Hambleton event
Support Officer	Only mentioned at the Hambleton event

Issues identified for Hambleton District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Northallerton North ward had a significantly higher rate of teenage pregnancy than the national average

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty (21.8%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Hambleton has a house price to earnings ratio in the worst quartile for affordability compared to England.

F Strengthen the role of ill-health prevention

- Modelled estimates of adults at increasing risk and higher risk drinking in Hambleton (30.0%) was higher than the North Yorkshire average (28.7%) (but not significantly higher than England (23.6%)).

- For reception children, obesity prevalence was highest in Hambleton (8.7%).
- Children's participation in sport and physical activity is significantly lower than the England average in Hambleton District.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- Improve access to formal Type 1 or Type 2 diabetes education in Hambleton and Richmondshire areas.
- Improve access to specialist nurse provision for heart failure where it is limited especially in Hambleton and Richmondshire.

Population Groups

Older People

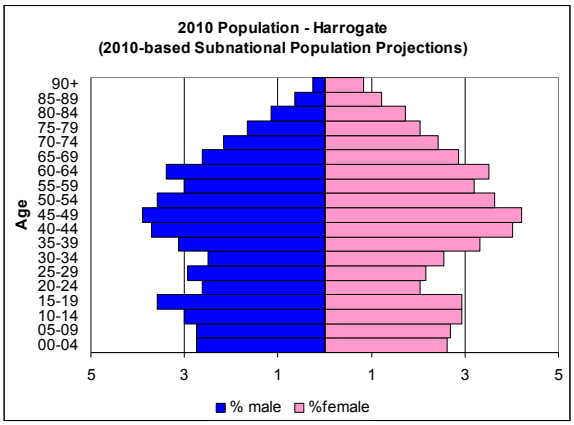
- The number of people in Hambleton District aged 65 and over is set to increase from 19,400 to around 25,400 by 2021.

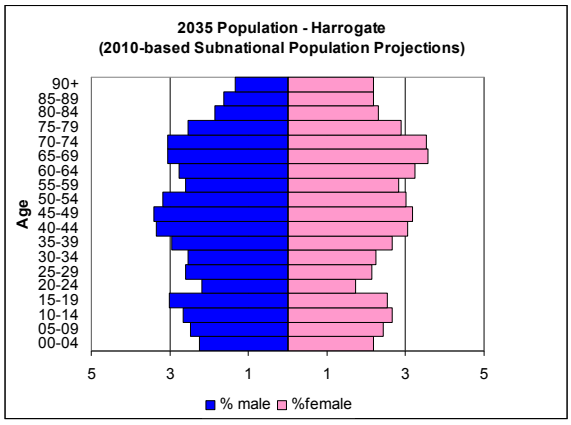
A Profile of Harrogate District

Population

Harrogate has a population of 158,700 (ONS 2010 Mid Year Population Estimates[56]). It is a fairly rural district with a population density of 121 people per km^2, above the North Yorkshire average of 75 but well below the national average of 401. It has three major towns or settlements with a population over 15,000; Harrogate town, home to 74,720 people, Ripon (17,180 people) and Knaresborough (15,410 people)[57].

As in the rest of North Yorkshire, the population of Harrogate is increasing and ageing with a projected population of 173,100 by 2035[58]. The population of older people (65 and over) is expected to increase from 19.4% in 2010 to 30.2% by 2035 while the population aged 0-19 years is expected to fall from 23.2% to 20.3% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Harrogate has the highest estimated proportion of Black, Asian and Minority Ethnic (BAME) groups compared to the other districts in North Yorkshire with 10.4% of the population classified in other categories than 'White British' yet this is still lower than the national average of 17.2%. Within these minority groups, the 'White Other' category accounts for 3.5% of the total population of Harrogate, and 'Chinese or other ethnic group' accounts for 2.3% (ONS Mid-2009 Population Estimates Experimental Data[59]).

Deprivation

Deprivation compared to the national average

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[56] ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=326

[57] Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

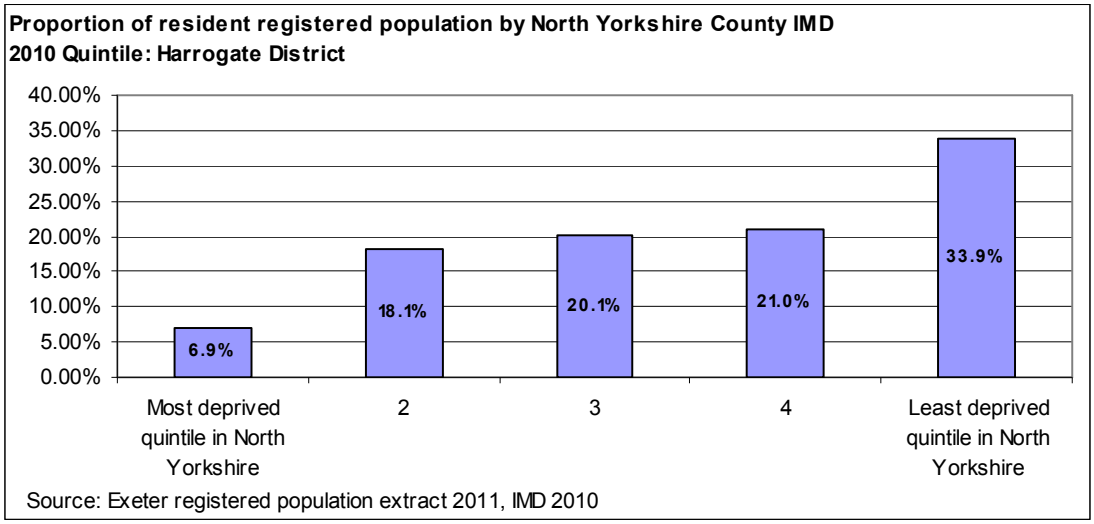
[58] ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

[59] Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

Relative to the national average, Harrogate is a prosperous area ranking 283 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). However, there are pockets of deprivation where one Lower Super Output Areas (LSOAs) within the ward of Woodfield is ranked within the 20% most deprived in England[60].

Deprivation compared to North Yorkshire County

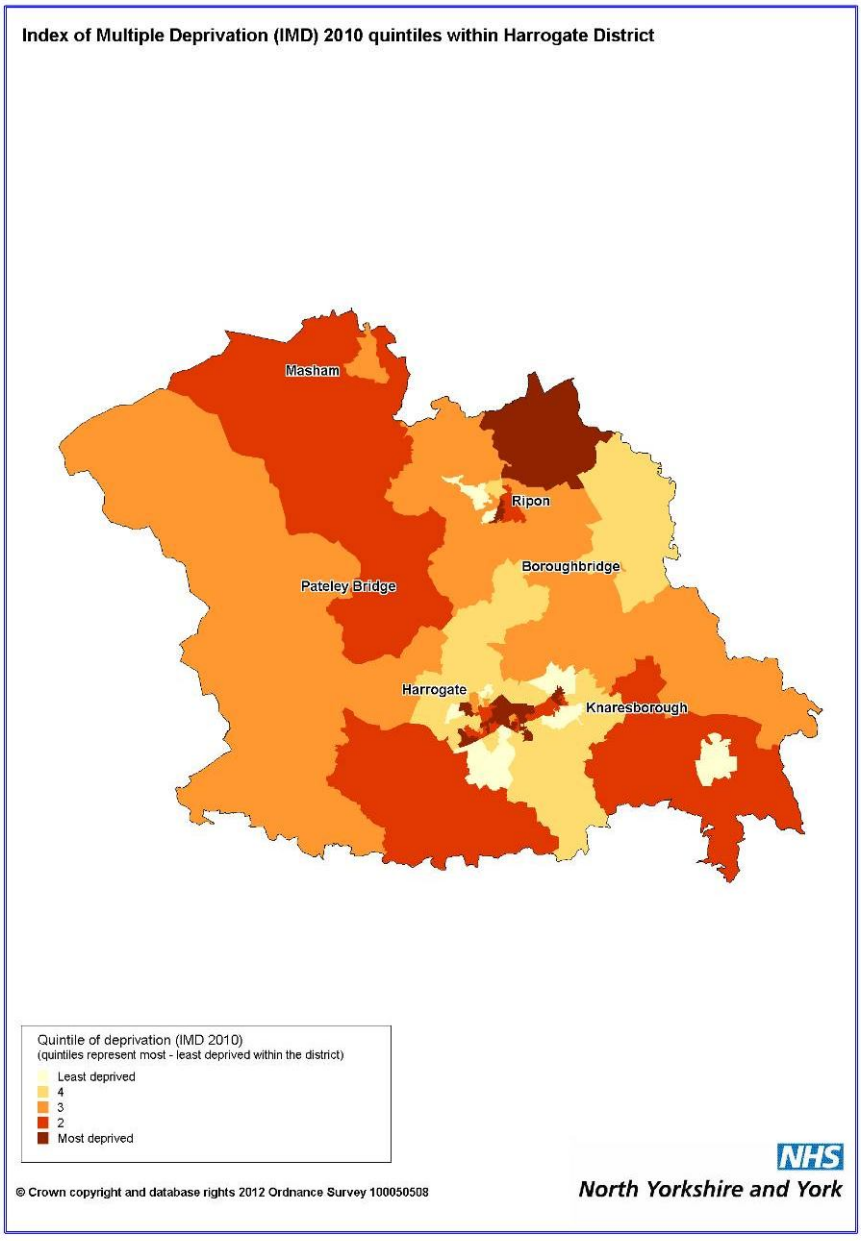
The chart below shows how the population of Harrogate is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score). Compared to the other districts in North Yorkshire, Harrogate is the least deprived district and the majority of the population of Harrogate live in least deprived quintiles.



Deprivation within Harrogate

Based on the overall IMD score, the map below shows the most and least deprived areas within Harrogate, (i.e. the most deprived fifth of the population within Harrogate, through to the least deprived).

[60] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Other factors related to deprivation

The unemployment claimant count rate[61] in Harrogate increased from 1.9% (1,943 claiming Job Seekers Allowance) in July 2011 to 2.2% (2,201 claimants) in January 2012, similar to the North Yorkshire average of 2.8% and below the national average of 4.0%.

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Harrogate during 2009 was 9.2% compared with a national average of 21.9%[62.] 2009 saw an increase from 8.7% during 2008.

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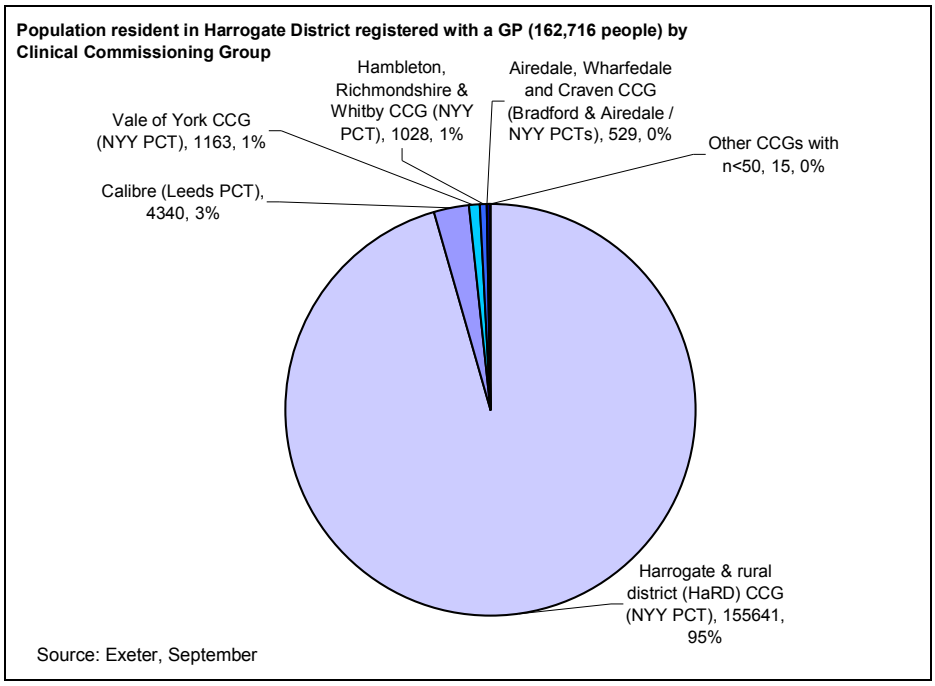
[61] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

[62] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

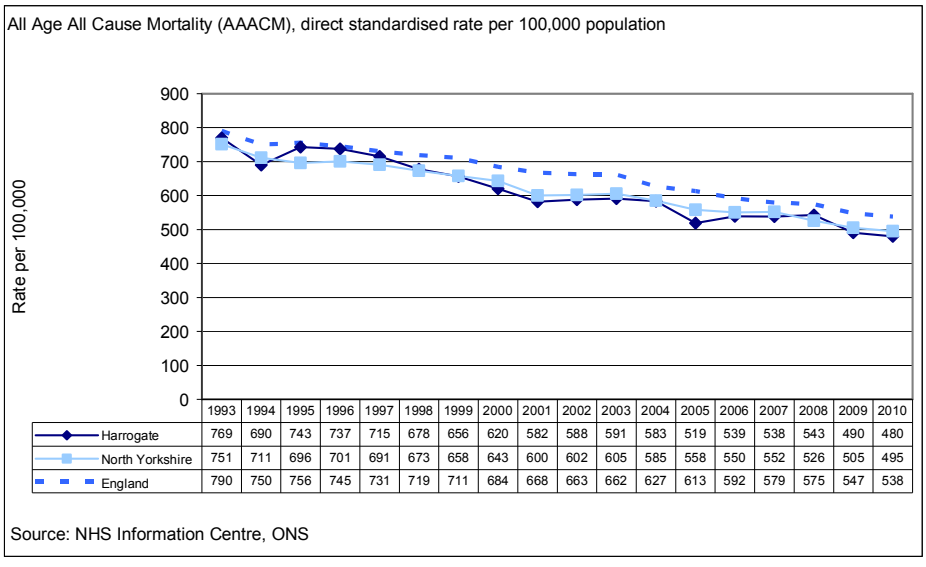
Clinical Commissioning Groups

Residents of Harrogate district are predominantly registered with practices that form part of Harrogate and Rural District CCG.



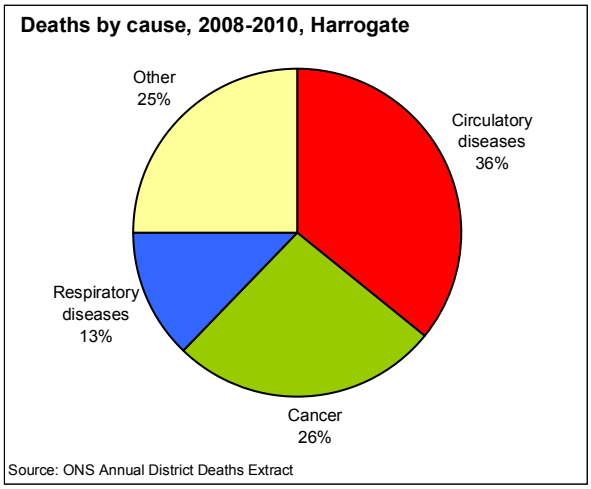
Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 1997 the AAACM rate in Harrogate was similar to the national average, though since then has fallen at a faster pace. During 2008-10, the rate was 504 per 100,000, statistically significantly lower than the national average of 553. Mortality is higher amongst males (601 per 100,000) compared to females (425 per 100,000)[63].



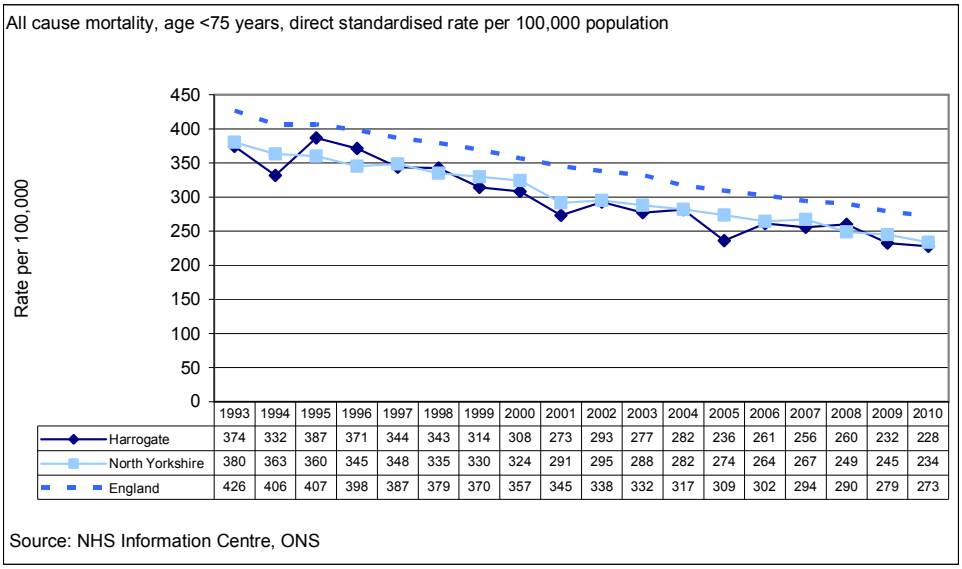
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Harrogate	769	690	743	737	715	678	656	620	582	588	591	583	519	539	538	543	490	480
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

[63] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

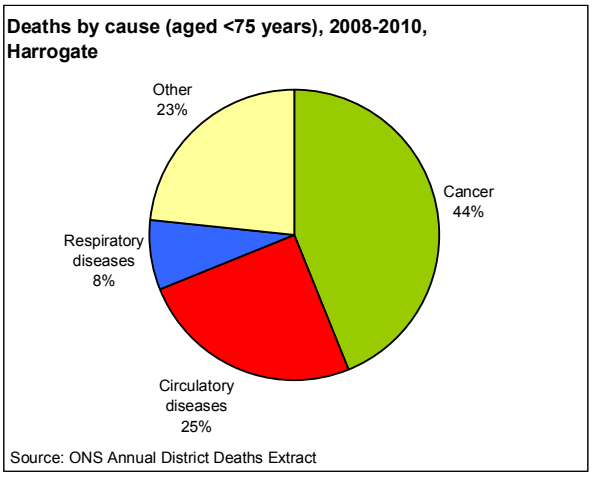


Circulatory diseases are the leading cause of death amongst residents of Harrogate District accounting for 36% of all deaths.

The premature death rate (aged under 75 years) from all causes was significantly lower than the national average of 281 per 100,000 during 2008-10 in Harrogate (240 per 100,000)[64] and fell between 1993 and 2010 at a similar pace compared to the national average.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Harrogate	374	332	387	371	344	343	314	308	273	293	277	282	236	261	256	260	232	228
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

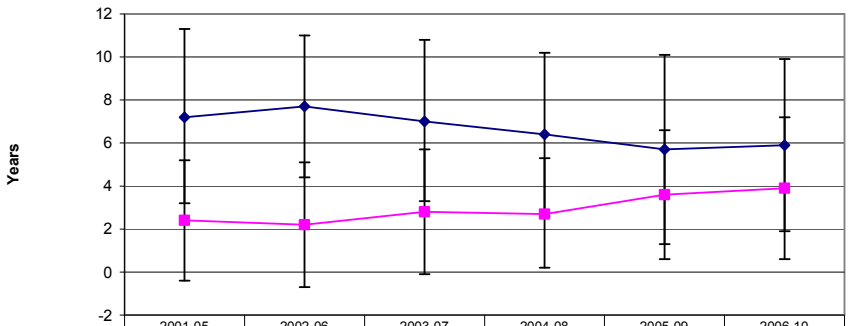


The leading cause of death for those dying prematurely (<75 years) in Harrogate is Cancer, accounting for 44% of all deaths.

[64] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Harrogate's most deprived communities will die, on average 5.9 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Harrogate will die, on average 3.9 years earlier than those in the least deprived communities in Harrogate[65]. Between 2001 and 2010, the Slope Index of Inequalities (SII) for males decreased from 7.2 years to 5.9 years. For females, the SII increased from 2.4 years to 3.9 years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), trend for Harrogate, 2001-2010

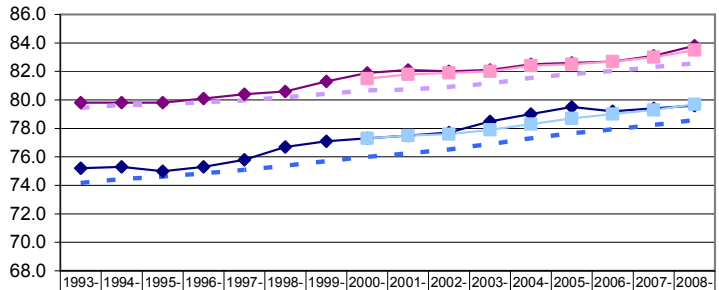


	2001-05	2002-06	2003-07	2004-08	2005-09	2006-10
Male	7.2	7.7	7	6.4	5.7	5.9
Female	2.4	2.2	2.8	2.7	3.6	3.9

Source: LHO

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Harrogate was 79.6 and females 83.8, significantly higher than the national averages of 78.6 and 82.6 and shows a rising trend[66]. The gap between male and female life expectancy has narrowed slightly since 1993 though females can still expect to live around four years longer than males in Harrogate.

Life expectancy at birth



	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Harrogate (males)	75.2	75.3	75.0	75.3	75.8	76.7	77.1	77.3	77.5	77.7	78.5	79.0	79.5	79.2	79.4	79.6
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Harrogate (females)	79.8	79.8	79.8	80.1	80.4	80.6	81.3	81.9	82.1	82.0	82.1	82.5	82.6	82.7	83.1	83.8
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

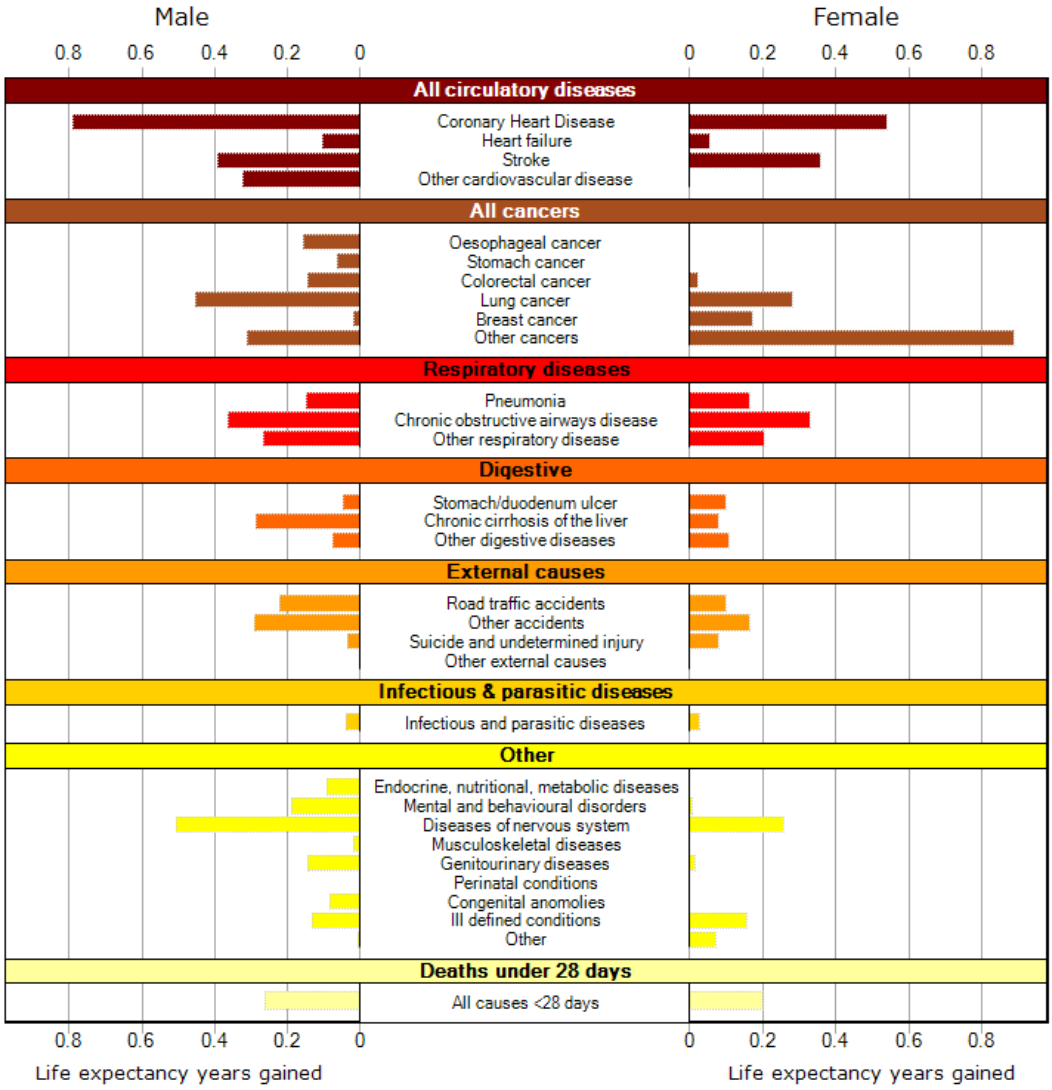
Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

65 Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012

66 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Harrogate had the same mortality rate as the least deprived quintile in the local authority for each cause of death[67]. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Harrogate had the same mortality rate as the least deprived quintile in the local authority for each cause of death



Source: LHO Health Inequalities Intervention Tool

Community Health Profile for Harrogate

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England.

[67] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

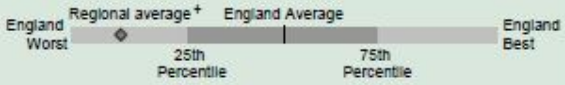
The health summary that appeared in the 2011 profile for Harrogate is shown below, outlining how the health of people in Harrogate compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Health summary for Harrogate

36UD

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



+ In the South East Region this represents the Strategic Health Authority average

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	1530	1.0	19.9	89.2		0.0
	2	Proportion of children in poverty	2575	8.3	20.9	57.0		5.7
	3	Statutory homelessness	81	1.21	1.86	8.28		0.08
	4	GCSE achieved (5A*-C inc. Eng & Maths)	1299	72.4	55.3	38.0		78.6
	5	Violent crime	1108	7.1	15.8	35.9		4.6
	6	Long term unemployment	292	2.9	6.2	19.6		1.0
Children and young people's health	7	Smoking in pregnancy	243	14.5	14.0	31.4		4.5
	8	Breast feeding initiation	1218	72.2	73.6	39.9		95.2
	9	Physically active children	10922	53.3	55.1	26.7		80.3
	10	Obese children (Year 6)	188	14.1	18.7	28.6		10.7
	11	Children's tooth decay (at age 12)	n/a	0.7	0.7	1.6		0.2
	12	Teenage pregnancy (under 18)	64	20.9	40.2	69.4		14.6
Adults' health and lifestyle	13	Adults smoking	n/a	14.0	21.2	34.7		11.1
	14	Increasing and higher risk drinking	n/a	27.7	23.6	39.4		11.5
	15	Healthy eating adults	n/a	30.9	28.7	19.3		47.8
	16	Physically active adults	n/a	14.5	11.5	5.8		19.5
	17	Obese adults	n/a	20.7	24.2	30.7		13.9
Disease and poor health	18	Incidence of malignant melanoma	25	15.0	13.1	27.2		3.1
	19	Hospital stays for self-harm	285	202.2	198.3	497.5		48.0
	20	Hospital stays for alcohol related harm	3245	1588	1743	3114		849
	21	Drug misuse	453	4.5	9.4	23.8		1.8
	22	People diagnosed with diabetes	5541	4.31	5.40	7.87		3.28
	23	New cases of tuberculosis	3	2	15	120		0
	24	Hip fracture in 65s and over	176	405.1	457.6	631.3		310.9
Life expectancy and causes of death	25	Excess winter deaths	61	12.2	18.1	32.1		5.4
	26	Life expectancy - male	n/a	79.4	78.3	73.7		84.4
	27	Life expectancy - female	n/a	83.1	82.3	79.1		89.0
	28	Infant deaths	6	3.47	4.71	10.63		0.68
	29	Smoking related deaths	254	181.9	216.0	361.5		131.9
	30	Early deaths: heart disease & stroke	113	59.4	70.5	122.1		37.9
	31	Early deaths: cancer	189	101.5	112.1	159.1		76.1
	32	Road injuries and deaths	127	81.4	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

Source: Department of Health, © Crown Copyright 2011

Harrogate District Big Issues (including Harrogate & Rural District CCG)

The issues received from people and organisations based in Harrogate district were overall similar to those received from other areas of the county. There was slightly less emphasis on issues connected with rurality than from the more rural parts of the county.

Although some of the issues that were mentioned during the JSNA event held in Harrogate district during January 2012 were typical of other areas, the total number of issues raised was higher than at most of the other events and more issues were uniquely raised during the Harrogate event than during events in most other districts.

Issues mentioned during discussion at the Harrogate district JSNA event	
Issue	**Event**
Treatment nearer home	
Alcohol - more admissions in middle to older age groups (but also binge drinking culture in young people). Wider impacts.	
Importance of carers	
Communication and transport	
Children and young families	Only mentioned at the Harrogate event
Links between debt and mental health.	Only mentioned at the Harrogate event
Domestic violence - unreported / hidden	Only mentioned at the Harrogate event
Hate crime against people with disabilities (unreported - hidden).	
Improving information availability (e.g. one stop shop)	
Isolation – based on Voice of Ripon study – links to mental health	
Mental health services (suicide rates, prevention, dementia and depression, Forces requirements)	
IT addiction (esp. young people – gaming etc). Opportunity to engage positively (e.g. social networking)	Only mentioned at the Harrogate event
Better IT connections between partner agencies	Only mentioned at the Harrogate event
Ensuring community health teams are able to continue to offer services at home – early warning/detection	Only mentioned at the Harrogate event
Physical activity (links to active ageing & mental health)	Only mentioned at the Harrogate event
Fuel and food poverty (costs of living in Harrogate can be higher)	Only mentioned at the Harrogate event
Prevention	
Treatment nearer home	

Issues identified for Harrogate District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Low Harrogate ward had a significantly higher rate of teenage pregnancy than the national average.

E Create and develop healthy and sustainable places and communities

- Harrogate has a house price to earnings ratio in the worst quartile for affordability compared to England.

F Strengthen the role of ill-health prevention

- Modelled estimates of adults at increasing risk and higher risk drinking in Harrogate (27.7%) was higher than the North Yorkshire average (28.7%) (but not significantly higher than England (23.6%)).
- Children's participation in sport and physical activity is significantly lower than the England average in Harrogate District.
- Ensure the age extension of the Harrogate, Leeds and York bowel cancer screening service is implemented.
- Ensure the York, Harrogate and Selby Abdominal Aortic Aneurysm screening service is implemented.
- There is a gap in Genito Urinary service provision at Ripon.
- Higher levels of Chlamydia screening compared to North Yorkshire.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- For COPD there is limited capacity to pulmonary rehabilitation available in Harrogate.
- Harrogate has the lowest proportion of people dying in their own residence in North Yorkshire (bottom quintile nationally).

Population Groups

Black, Asian and Minority Ethnic Groups (BAME)

- Harrogate has the highest estimated proportion of BAME groups in the county, making up 10.4% of the population, of which 'Chinese or Other Ethnic Group' accounts for the largest proportion.

Learning Disability and Difficulties including Special Educational Needs

- Higher than county average of registered GP population aged 18+ on learning disability register (CCG).

Older People

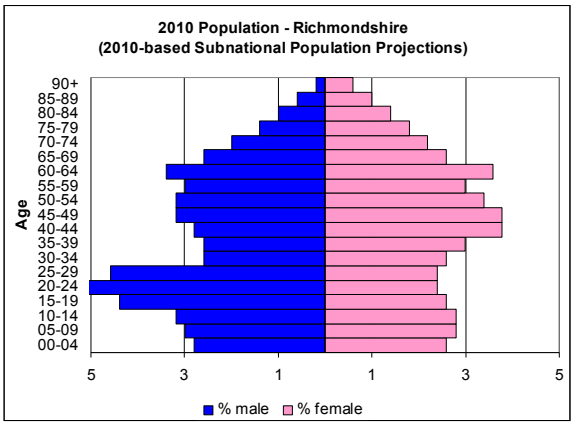
- The number of people aged 65 and over is set to increase from 31,500 to around 40,200 by 2021.

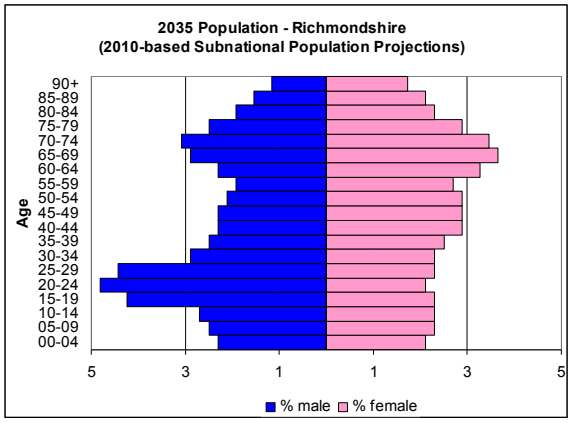
A Profile of Richmondshire District

Population

Richmondshire has a population of 53,000 (ONS 2010 Mid Year Population Estimates[68]). It is a rural district with a population density of 40 people per km^2, below North Yorkshire average of 75 and well below the national average of 401. Its only major town or settlement with a population over 15,000 is Catterick Garrison, home to 15,040 people[69]. Its second largest town is Richmond, home to 8,540 people.

As in the rest of North Yorkshire, the population of Richmondshire is increasing and ageing with a projected population of 52,000 by 2035[70]. The population of older people (65 and over) is expected to increase from 21.5% in 2010 to 29.2% by 2035 while the population aged 0-19 years is expected to fall from 24.1% to 21.2% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Richmondshire has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 7.6% of the population classified in other categories than 'White British'. Within these minority groups, the 'Asian or Asian British' category accounts for 2.8% of the total population of Richmondshire (ONS Mid-2009 Population Estimates Experimental Data[71]).

Deprivation

Deprivation compared to the national average

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[68] ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
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[69] Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

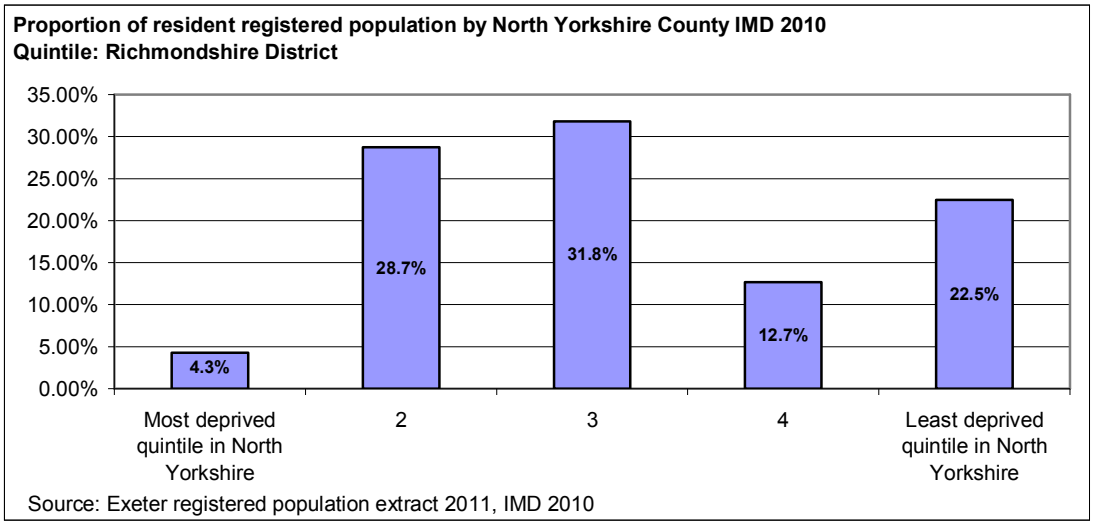
[70] ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

[71] Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

Relative to the national average, Richmondshire is a prosperous area ranking 261 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). There are no Lower Super Output Areas (LSOAs) ranked within the 20% most deprived in England[72].

Deprivation compared to North Yorkshire County

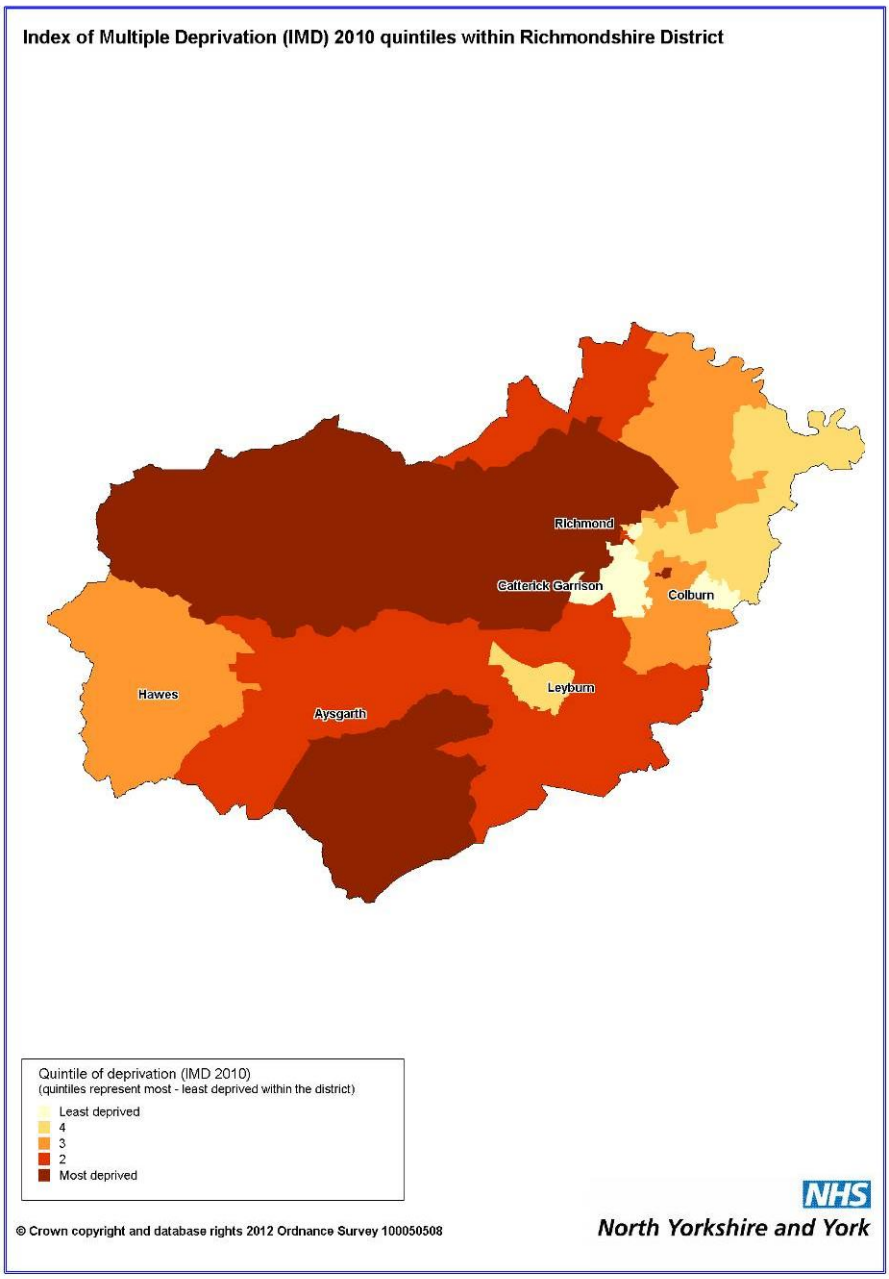
The chart below shows how the population of Richmondshire is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score). Compared to the other districts in North Yorkshire, Richmondshire is the third least deprived district and the majority of the population of Richmondshire live in the middle three quintiles.



Deprivation within Richmondshire

Based on the overall IMD score, the map below shows the most and least deprived areas within Richmondshire, (i.e. the most deprived fifth of the population within Richmondshire, through to the least deprived).

[72] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Other factors related to deprivation

The unemployment claimant count rate[73] in Richmondshire increased from 1.6% (564 claiming Job Seekers Allowance) in July 2011 to 2.0% (711 claimants) in January 2012, similar to the North Yorkshire average of 2.8% and below the national average of 4.0%.

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Richmondshire during 2009 was 9.4% compared with a national average of 21.9%[74]. 2009 saw an increase from 9.7% during 2008.

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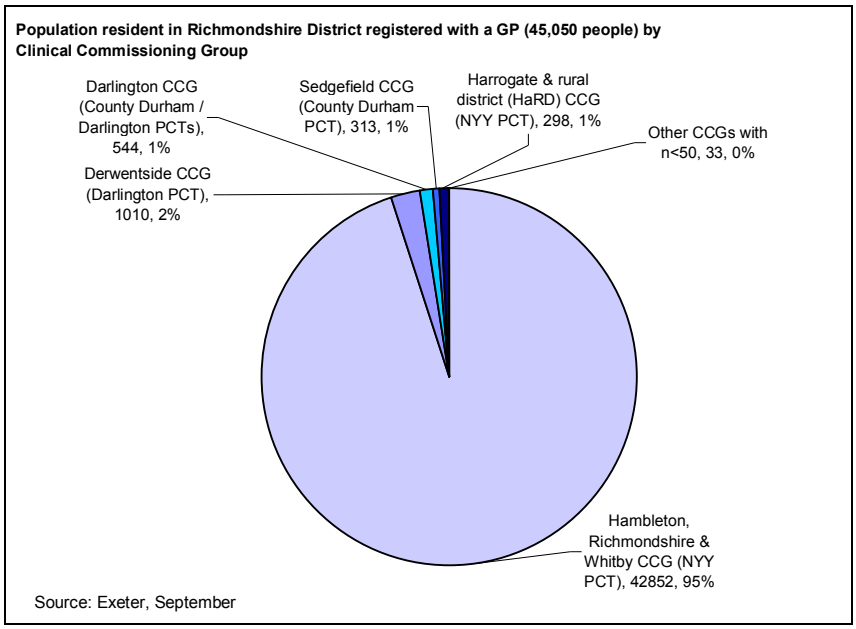
[73] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

[74] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

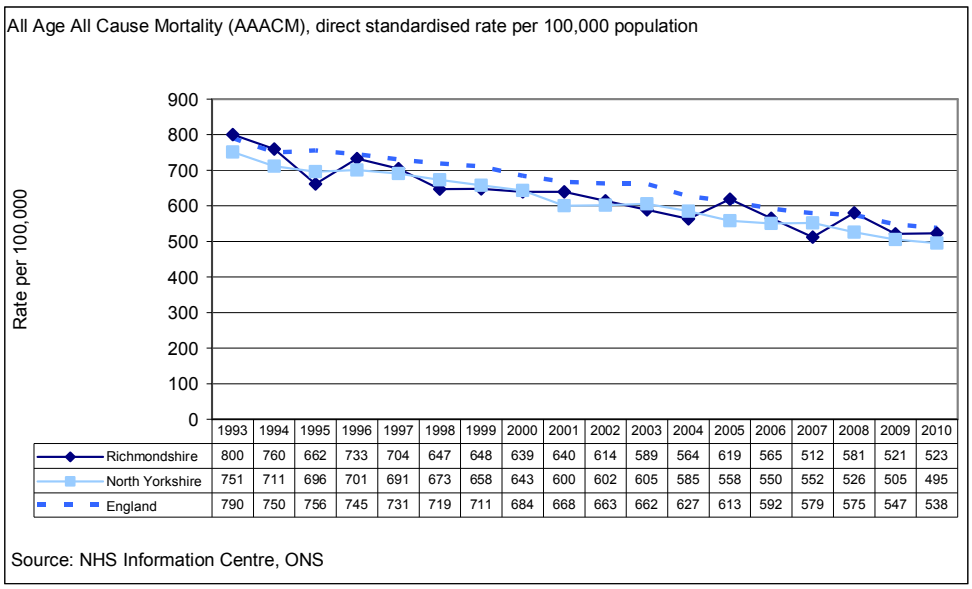
Clinical Commissioning Groups

Residents of Richmondshire district are predominantly registered with practices that form part of the Hambleton, Richmondshire and Whitby CCG.



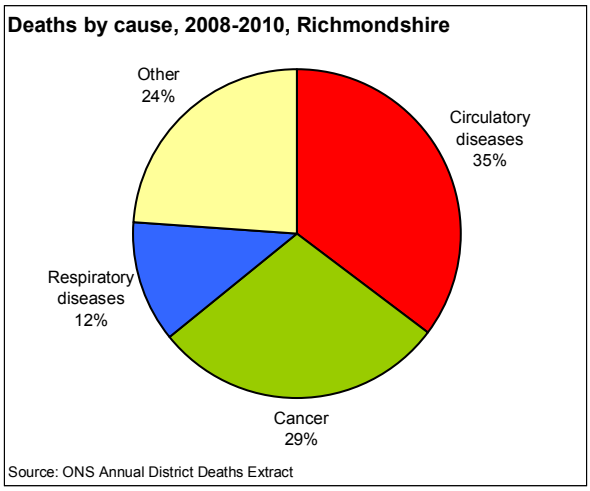
Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1996 and 2004 the AAACM rate in Richmondshire was consistently below the national average, though since then has fluctuated around the national average. During 2008-10, the rate was 541 per 100,000, not significantly different to the national average of 553. Mortality is higher amongst males (656 per 100,000) compared to females (450 per 100,000)[75].



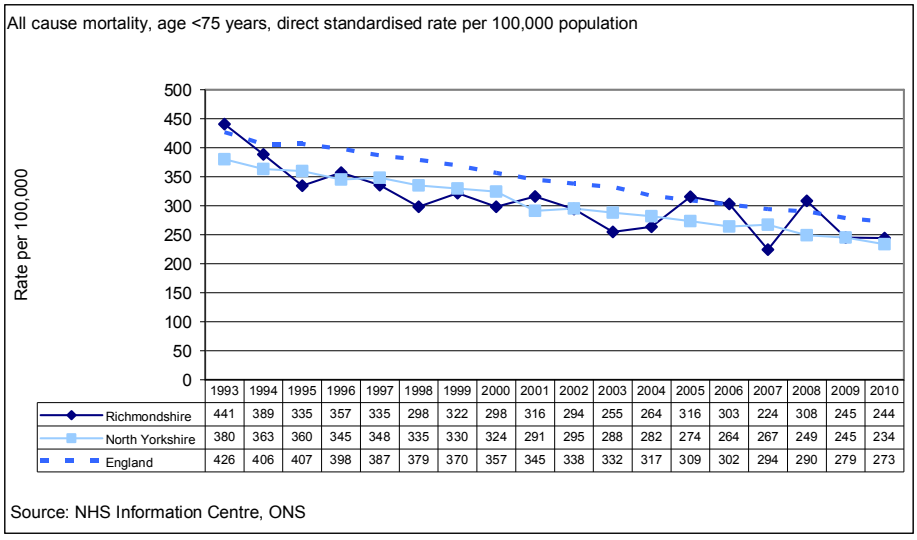
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Richmondshire	800	760	662	733	704	647	648	639	640	614	589	564	619	565	512	581	521	523
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

[75] NHS Information Centre, ONS. Available at https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

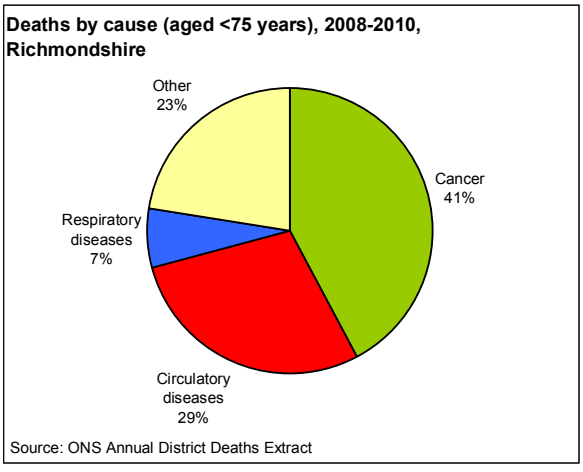


Circulatory diseases are the leading cause of death amongst residents of Richmondshire District accounting for 35% of all deaths.

The premature death rate (aged under 75 years) from all causes was not significantly different compared to the national average of 281 per 100,000 during 2008-10 in Richmondshire (266 per 100,000)[76]. The rate fell considerably between 1993 and 2004 at a similar pace compared to the national average, though this trend has not continued over the last six years with the rate fluctuating around the levels observed in 2004.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Richmondshire	441	389	335	357	335	298	322	298	316	294	255	264	316	303	224	308	245	244
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

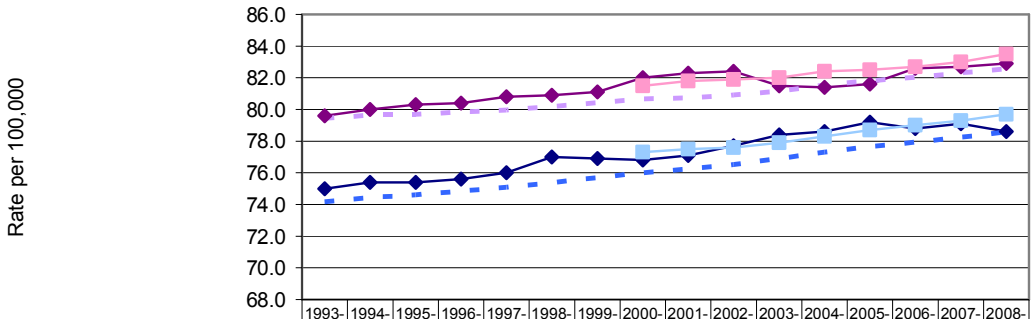


The leading cause of death for those dying prematurely (<75 years) in Richmondshire is Cancer, accounting for 41% of all deaths.

[76] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Richmondshire was 78.6 and females 82.9, significantly higher than the national averages of 78.6 and 82.6 and shows a rising trend, though for males, life expectancy changed little between 2005-07 and 2007-09 and fell in 2008-10[77]. The gap between male and female life expectancy has narrowed slightly since 1993 though females can still expect to live around four years longer than males in Richmondshire.

Life expectancy at birth



	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Richmondshire (males)	75.0	75.4	75.4	75.6	76.0	77.0	76.9	76.8	77.1	77.7	78.4	78.6	79.2	78.8	79.1	78.6
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Richmondshire (females)	79.6	80.0	80.3	80.4	80.8	80.9	81.1	82.0	82.3	82.4	81.5	81.4	81.6	82.6	82.7	82.9
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

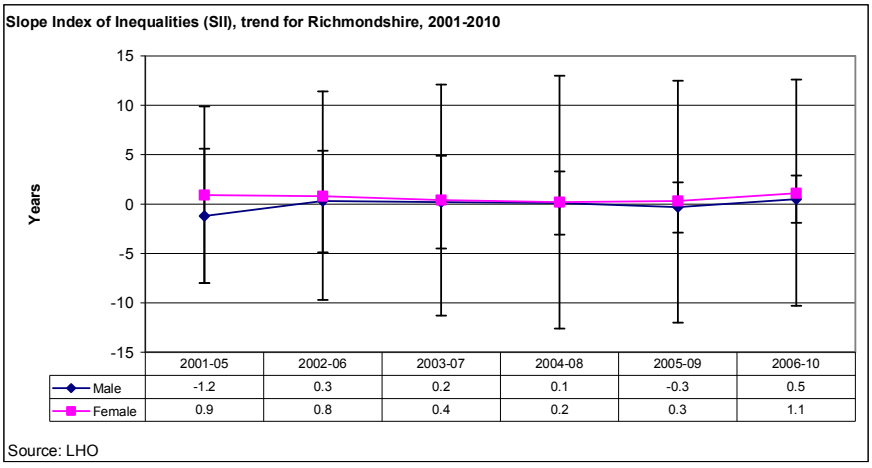
Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a very little inequality. This is likely to be due to the fact that there is less variation in deprivation in Richmondshire (measured by IMD scores) than in the other districts within North Yorkshire. Men who live in Richmondshire's most deprived communities will die, on average 0.5 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Richmondshire will die, on average 1.1 years earlier than those in the least deprived communities in Richmondshire[78].

Between 2001 and 2010, the Slope Index of Inequalities (SII) for both males and females remained stable. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

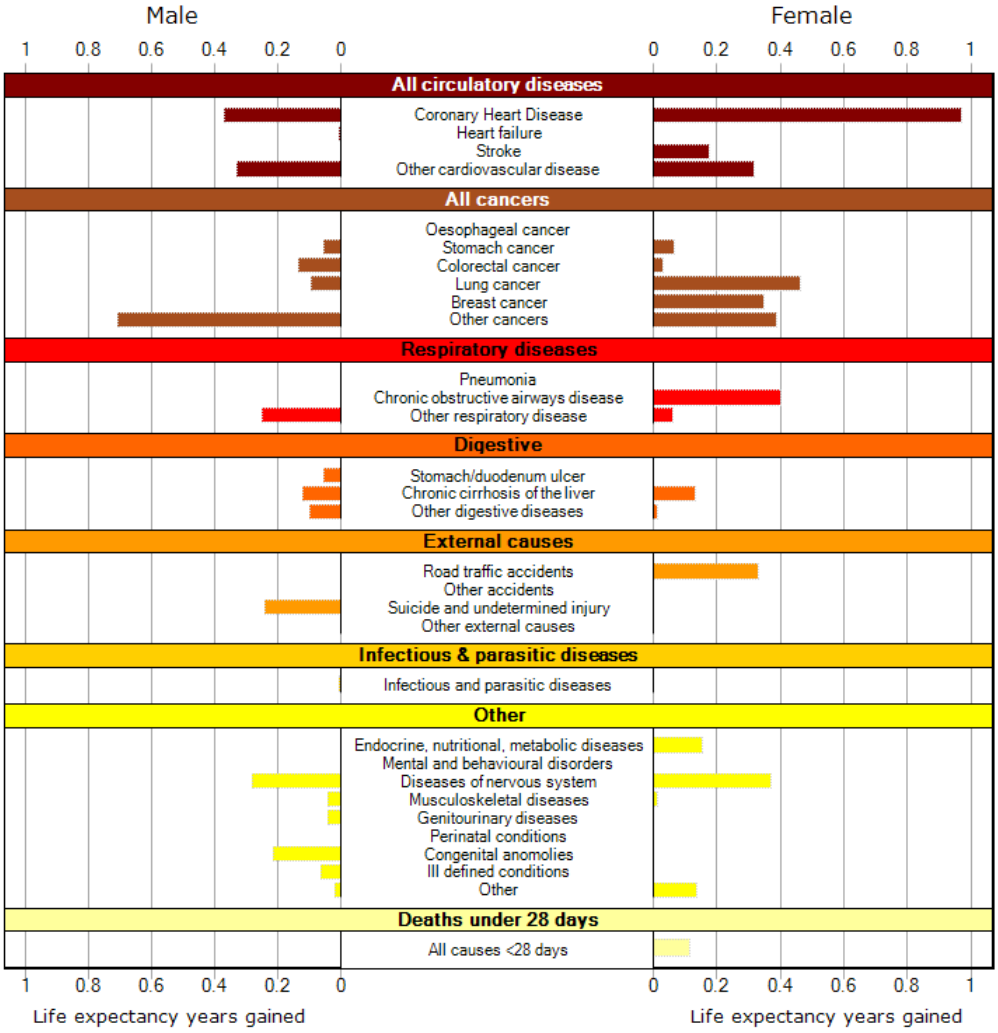
[77] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

[78] Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012



The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Richmondshire had the same mortality rate as the least deprived quintile in the local authority for each cause of death[79].

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Richmondshire had the same mortality rate as the least deprived quintile in the local authority for each cause of death



Source: LHO Health Inequalities Intervention Tool

[79] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

Community Health Profile for Richmondshire

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. The health summary that appeared in the 2011 profile for Richmondshire is shown below, outlining how the health of people in Richmondshire compares with the rest of England. 2012 profiles will be published in summer 2012 - www.apho.org.uk/default.aspx?RID=49802.

Health summary for Richmondshire

36UE

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | Regional average + | England Average | England Best | 25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	0	0.0	19.9	89.2		0.0
	2 Proportion of children in poverty	985	9.4	20.9	57.0		5.7
	3 Statutory homelessness	63	3.15	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	297	59.2	55.3	38.0		78.6
	5 Violent crime	406	7.9	15.8	35.9		4.6
	6 Long term unemployment	70	2.0	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	83	14.5	14.0	31.4		4.5
	8 Breast feeding initiation	416	72.2	73.6	39.9		95.2
	9 Physically active children	3545	57.5	55.1	26.7		80.3
	10 Obese children (Year 6)	58	12.0	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	1.3	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	27	31.0	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	20.4	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	25.0	23.6	39.4		11.5
	15 Healthy eating adults	n/a	29.3	28.7	19.3		47.8
	16 Physically active adults	n/a	19.5	11.5	5.8		19.5
	17 Obese adults	n/a	26.7	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	7	12.9	13.1	27.2		3.1
	19 Hospital stays for self-harm	68	146.9	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	912	1441	1743	3114		849
	21 Drug misuse	144	4.2	9.4	23.8		1.8
	22 People diagnosed with diabetes	1551	4.56	5.40	7.87		3.28
	23 New cases of tuberculosis	2	3	15	120		0
	24 Hip fracture in 65s and over	59	535.6	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	27	19.3	18.1	32.1		5.4
	26 Life expectancy - male	n/a	79.1	78.3	73.7		84.4
	27 Life expectancy - female	n/a	82.7	82.3	79.1		89.0
	28 Infant deaths	2	4.24	4.71	10.63		0.68
	29 Smoking related deaths	70	181.5	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	44	72.5	70.5	122.1		37.9
	31 Early deaths: cancer	61	104.9	112.1	159.1		76.1
	32 Road injuries and deaths	62	120.1	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

Source: Department of Health, © Crown Copyright 201

Richmondshire District Big Issues

The issues received from people and organisations based in Richmondshire were overall similar to those received from other areas of the county. There was very slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural parts of the county.

Issues that were mentioned during the JSNA event held in Richmondshire during December 2011 were again fairly typical of other areas.

Issues mentioned during discussion at the Richmondshire JSNA event	
Issues	**Event**
Access to services – transport, appointment times	
Communication	
Deprivation	Only mentioned at the Richmondshire event
Lifestyle education – all ages, but start early	
Local data plus local assets ⇨ solutions	
Need for more customer focus	Only mentioned at the Richmondshire event
Partnership working	
Prevention – including housing, physical fitness, etc	
Whole person – person centred approach, more generic approach	Only mentioned at the Richmondshire event

Issues identified for Richmondshire District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty (25.2%) compared to England (18.4%)

E Create and develop healthy and sustainable places and communities

- Richmondshire has the highest house price to earnings ratio for North Yorkshire making affordability an issue.

F Strengthen the role of ill-health prevention

- Richmondshire has a significantly higher rate of Hip fracture in the population aged 65 (593.6 per 100,000 population) than England due to falls.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- The largest forecast increase in dementia prevalence is in Richmondshire District.
- Improve access to formal Type 1 or Type 2 diabetes education in Hambleton and Richmondshire areas.

- Improve access to specialist nurse provision for heart failure where it is limited especially in Hambleton and Richmondshire.

Population Groups

Homeless

- The number of homelessness acceptances per 1000 households in NY is highest in Richmondshire (4.25 per 1000).

Older People

- The number of people in Richmondshire District aged 65 and over is set to increase from 9,200 to around 12,300 by 2021.

People with Physical Disability or Sensory Impairment

- Estimated highest increase in people with a moderate or severe hearing impairment between 2011-2030.

Service Personnel and their Families

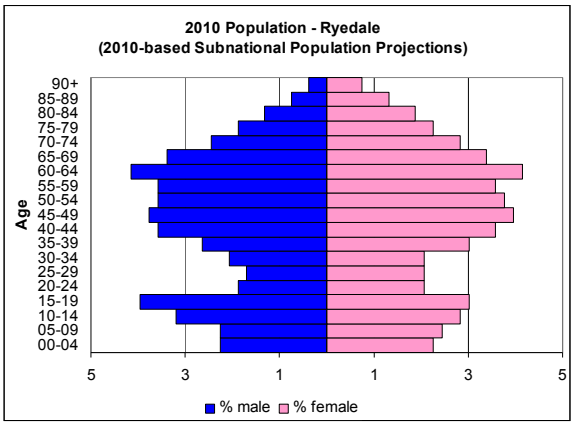
- Catterick Garrison.
- Families and children.
- Potential housing support needs.

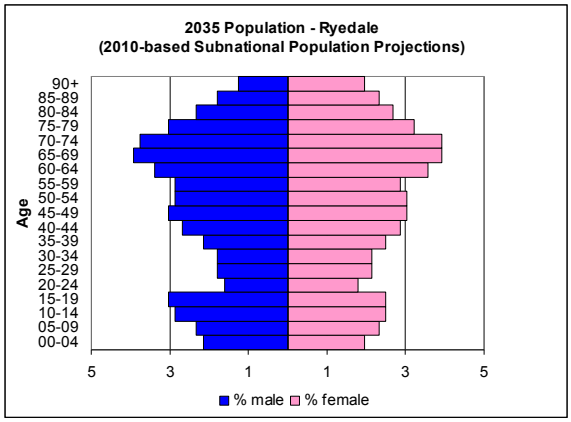
A Profile of Ryedale District

Population

Ryedale has a population of 53,600 (ONS 2010 Mid Year Population Estimates[80]). It is a rural district with a population density of 36 people per km^2, below the North Yorkshire average of 75 and well below the national average of 401. It has no major towns or settlements with populations over 15,000 with its largest town, Malton, home to 12,520 people[81].

As in the rest of North Yorkshire, the population of Ryedale is increasing and ageing with a projected population of 56,100 by 2035[82]. The population of older people (65 and over) is expected to increase from 22.4% in 2010 to 33.9% by 2035 while the population aged 0-19 years is expected to fall from 22.2% to 19.6% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Ryedale has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.7% of the population classified in other categories than 'White British'. Within these minority groups, the 'White Other' category accounts for 2.6% of the total population of Ryedale (ONS Mid-2009 Population Estimates Experimental Data[83]).

Deprivation

Deprivation compared to the national average

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80 ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=326

81 Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

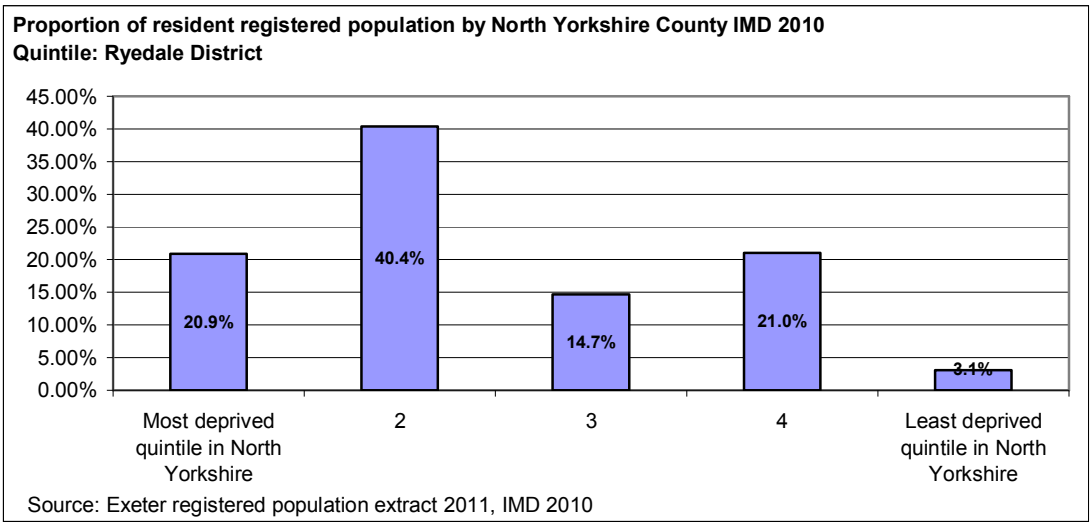
82 ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

83 Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

Relative to the national average, Ryedale is a prosperous area ranking 200 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). It has no Lower Super Output Areas (LSOAs) that are ranked within the 20% most deprived in England[84].

Deprivation compared to North Yorkshire County

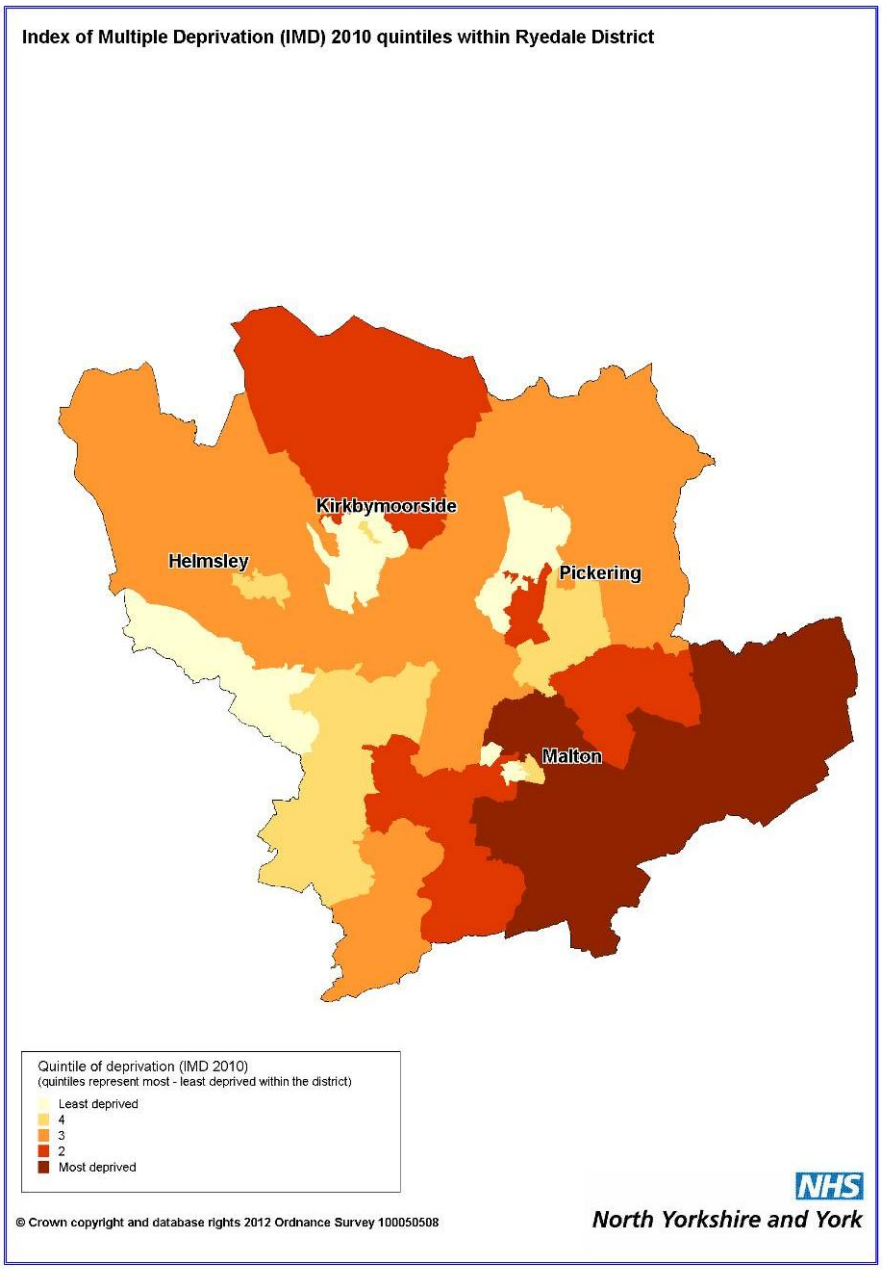
The chart below shows how the population of Ryedale is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score). Compared to the other districts in North Yorkshire, Ryedale is the second most deprived and the majority of the population of Ryedale live in the top two most deprived quintiles.



Deprivation within Ryedale

Based on the overall IMD score, the map below shows the most and least deprived areas within Ryedale, (i.e. the most deprived fifth of the population within Ryedale, through to the least deprived).

[84] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Other factors related to deprivation

The unemployment claimant count rate85 in Ryedale increased from 1.9% (606 claiming Job Seekers Allowance) in July 2011 to 2.3% (748 claimants) in January 2012, similar to the North Yorkshire average of 2.8% and below the national average of 4.0%.

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Ryedale during 2009 was 11.1% compared with a national average of 21.9%[86]. 2009 saw an increase from 10.8% during 2008.

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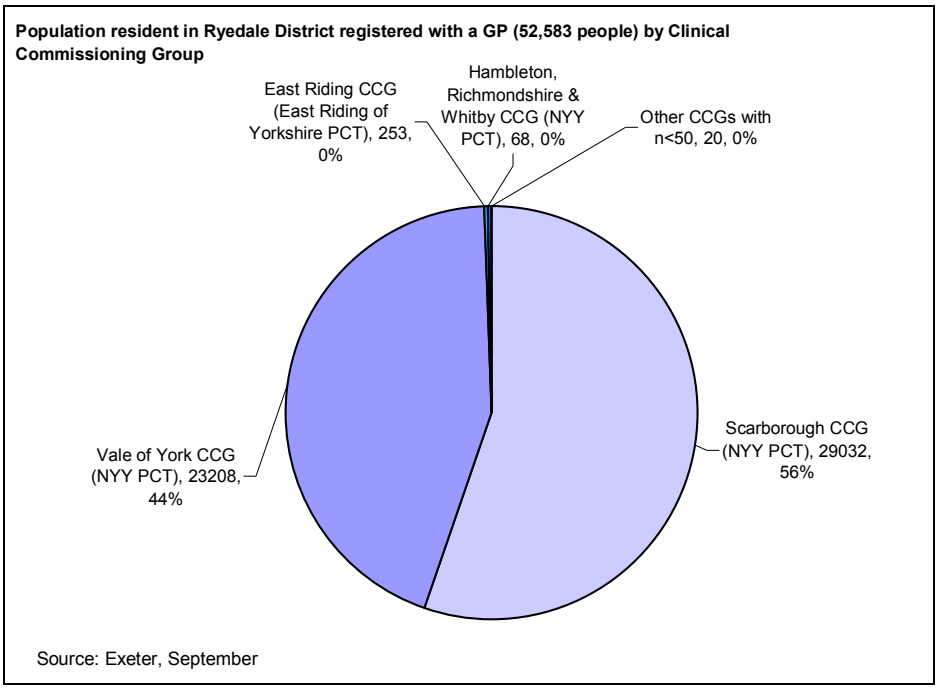
[85] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

[86] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

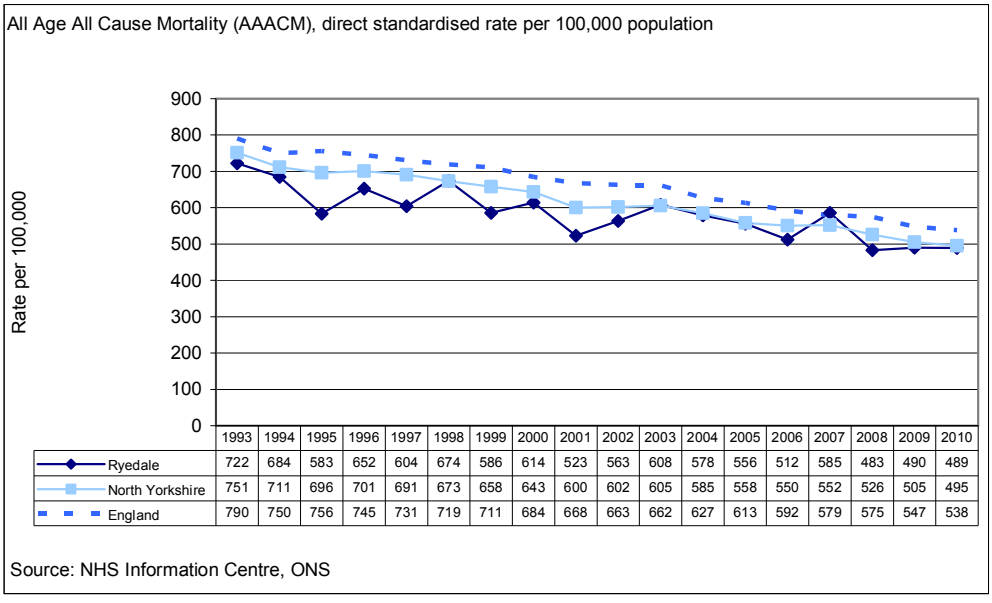
Clinical Commissioning Groups

Residents of Ryedale district are predominantly registered with practices that form part of Scarborough CCG and the Vale of York CCG.



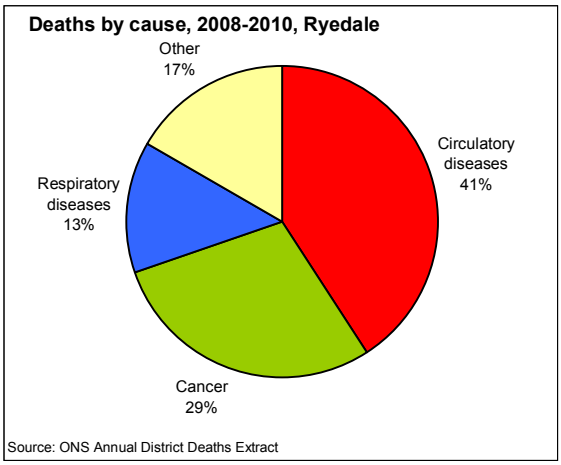
Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 2010 the AAACM rate in Ryedale was consistently below the national average. During 2008-10, the rate was 487 per 100,000, statistically significantly lower than the national average of 553. Mortality is higher amongst males (575 per 100,000) compared to females (415 per 100,000)[87].



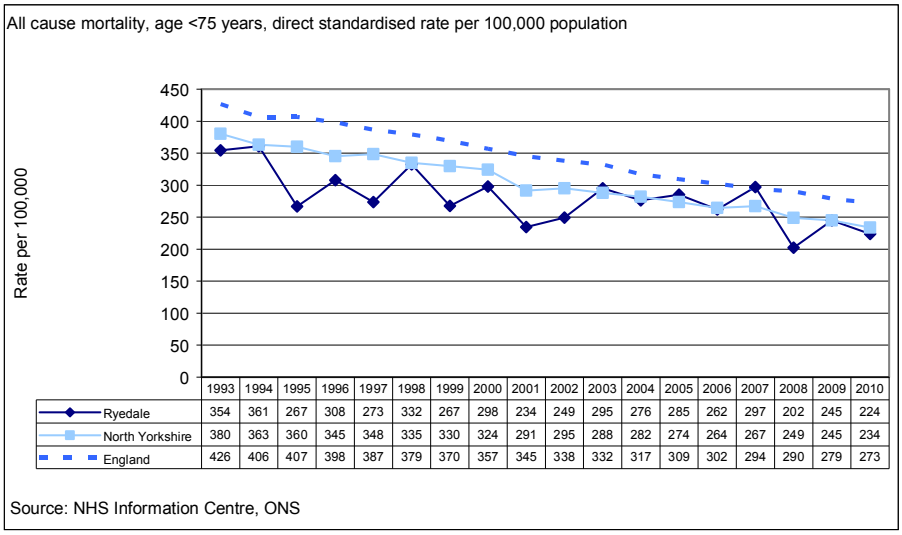
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Ryedale	722	684	583	652	604	674	586	614	523	563	608	578	556	512	585	483	490	489
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

87 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

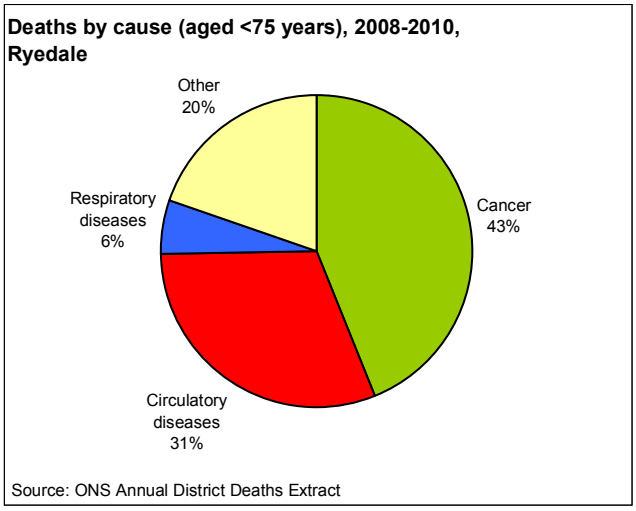


Circulatory diseases are the leading cause of death amongst residents of Ryedale District accounting for 41% of all deaths.

The premature death rate (aged under 75 years) from all causes was statistically significantly lower than the national average of 281 per 100,000 during 2008-10 in Ryedale (224 per 100,000)[88]. The rate was considerably lower than the national average between 1993 and 2002 and although has continued to fall over the last ten years is moving closer to the national average.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Ryedale	354	361	267	308	273	332	267	298	234	249	295	276	285	262	297	202	245	224
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

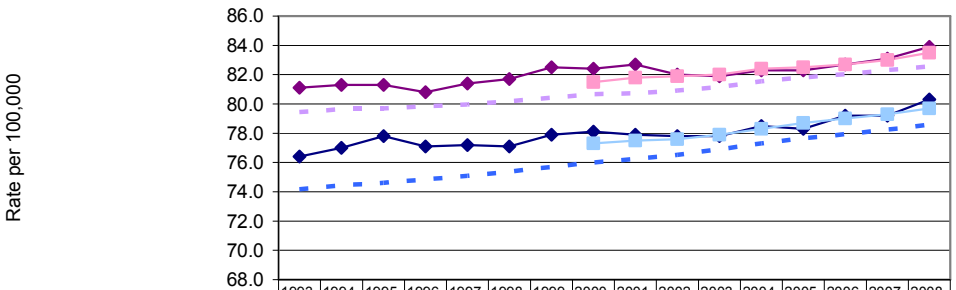


The leading cause of death for those dying prematurely (<75 years) in Ryedale is Cancer, accounting for 43% of all deaths.

[88] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Ryedale was 80.3 and females 83.9, significantly higher than the national averages of 78.6 and 82.6 and shows a rising trend[89]. The gap between male and female life expectancy has narrowed since 1993 though females can still expect to live around four years longer than males in Ryedale.

Life expectancy at birth

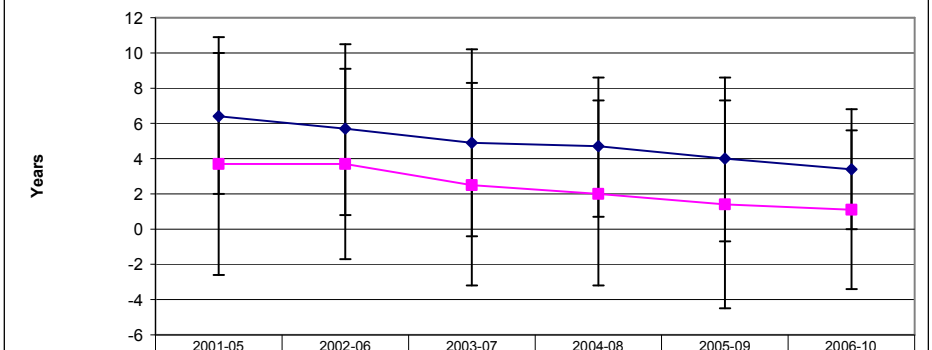


	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Ryedale (males)	76.4	77.0	77.8	77.1	77.2	77.1	77.9	78.1	77.9	77.8	77.8	78.5	78.3	79.2	79.2	80.3
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Ryedale (females)	81.1	81.3	81.3	80.8	81.4	81.7	82.5	82.4	82.7	82.0	81.9	82.3	82.3	82.7	83.1	83.9
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Ryedale's most deprived communities will die, on average 3.4 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Ryedale will die, on average 1.1 years earlier than those in the least deprived communities in Ryedale[90]. Between 2001 and 2010, the Slope Index of Inequalities (SII) for both males has fallen. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), trend for Ryedale, 2001-2010



	2001-05	2002-06	2003-07	2004-08	2005-09	2006-10
Male	6.4	5.7	4.9	4.7	4	3.4
Female	3.7	3.7	2.5	2	1.4	1.1

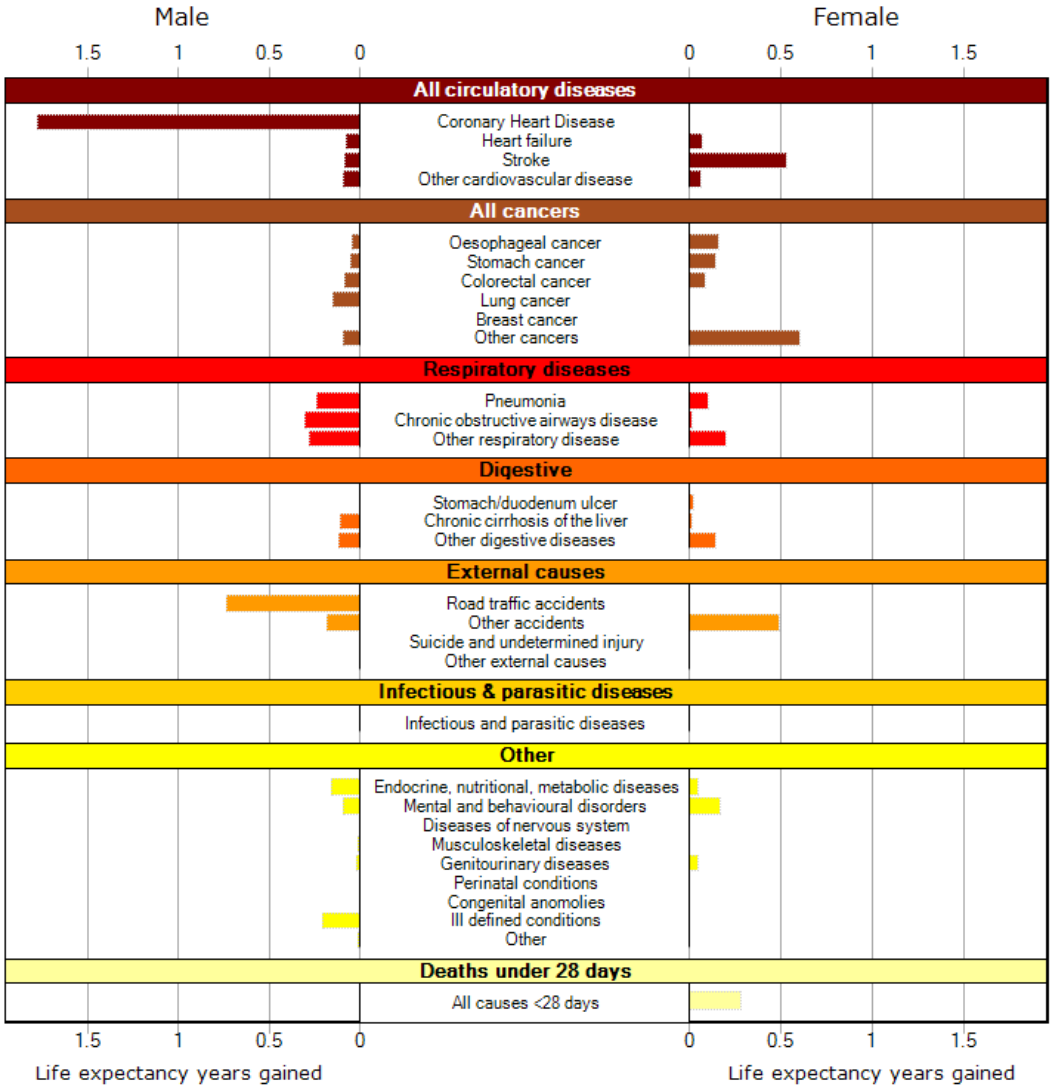
Source: LHO

89 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

90 Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012

The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Ryedale had the same mortality rate as the least deprived quintile in the local authority for each cause of death[91]. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Ryedale had the same mortality rate as the least deprived quintile in the local authority for each cause of death



Source: LHO Health Inequalities Intervention Tool

Community Health Profile for Ryedale

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. The health summary that appeared in the 2011 profile for Ryedale is shown below, outlining

[91] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

how the health of people in Ryedale compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Health summary for Ryedale

36UF

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | Regional average + | England Average | England Best | 25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	0	0.0	19.9	89.2		0.0
	2 Proportion of children in poverty	1020	10.4	20.9	57.0		5.7
	3 Statutory homelessness	17	0.74	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	333	61.6	55.3	38.0		78.6
	5 Violent crime	379	7.1	15.8	36.9		4.6
	6 Long term unemployment	124	3.8	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	65	14.5	14.0	31.4		4.5
	8 Breast feeding initiation	327	72.2	73.6	39.9		95.2
	9 Physically active children	2969	49.6	55.1	26.7		80.3
	10 Obese children (Year 6)	67	15.3	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	0.9	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	23	22.8	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	21.3	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	23.7	23.6	39.4		11.5
	15 Healthy eating adults	n/a	28.8	28.7	19.3		47.8
	16 Physically active adults	n/a	11.4	11.5	5.8		19.5
	17 Obese adults	n/a	26.4	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	12	22.7	13.1	27.2		3.1
	19 Hospital stays for self-harm	72	153.5	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	882	1152	1743	3114		849
	21 Drug misuse	142	4.3	9.4	23.8		1.8
	22 People diagnosed with diabetes	1929	4.84	5.40	7.87		3.28
	23 New cases of tuberculosis	1	2	15	120		0
	24 Hip fracture in 65s and over	59	387.5	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	34	19.2	18.1	32.1		5.4
	26 Life expectancy - male	n/a	79.2	78.3	73.7		84.4
	27 Life expectancy - female	n/a	83.1	82.3	79.1		89.0
	28 Infant deaths	3	6.65	4.71	10.63		0.68
	29 Smoking related deaths	105	192.3	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	50	67.0	70.5	122.1		37.9
	31 Early deaths: cancer	74	101.7	112.1	159.1		76.1
	32 Road injuries and deaths	83	155.2	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

Source: Department of Health, © Crown Copyright 2011

Ryedale Big Issues

The issues received from people and organisations based in Ryedale were overall similar to those received from other areas of the county. There was very slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural parts of the county.

Issues that were mentioned during the JSNA event held in Ryedale during December 2011 were again fairly typical of other areas. All the issues raised during the Ryedale event covered topics which arose at one or more of the events held in other districts.

Issues mentioned during discussion at the Ryedale JSNA event
Issues
Access to services – transport, availability, location
Access to information, and in appropriate format
Care v reablement
Drugs & alcohol – culture change
Education about nutrition and other healthy lifestyle issues
Implications of an ageing population
Joined-up working
Social Isolation - cannot all be done by the community, Integrated solutions
What is already available locally?

Issues identified for Ryedale District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty (28.2%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Lowest crime levels in North Yorkshire.
- Ryedale has a house price to earnings ratio in the worst quartile for affordability compared to England.

F Strengthen the role of ill-health prevention

- For year 6 children, obesity prevalence was second highest in Ryedale (17.7%).
- Children's participation in sport and physical activity is significantly lower than the England average in Ryedale District.
- Lower levels of Chlamydia screening compared to North Yorkshire.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- Ryedale has Coronary Heart Disease mortality rates significantly higher than the national average.

Population Groups

Older People

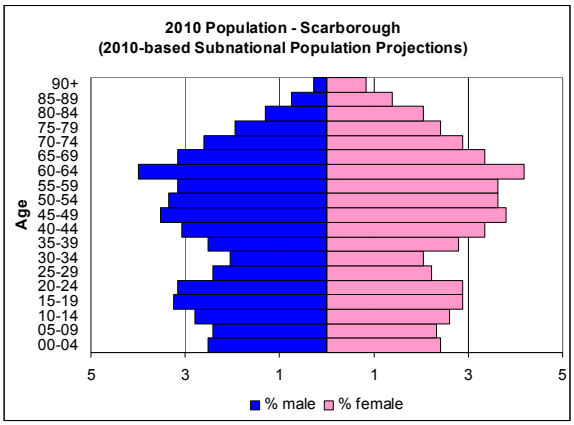
- The number of people in Ryedale District aged 65 and over is set to increase from 12,300 to around 15,800 by 2021.

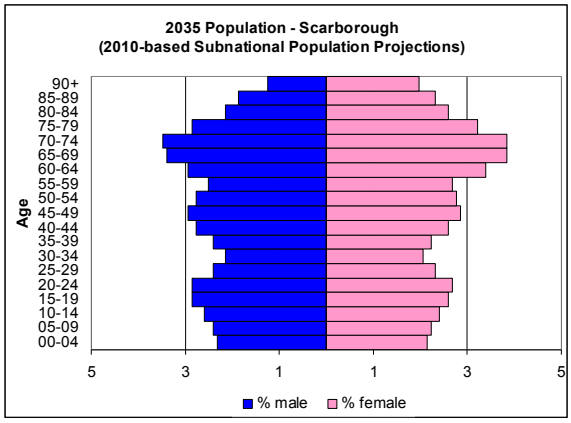
A Profile of Scarborough District

Population

Scarborough has a population of 108,600 (ONS 2010 Mid Year Population Estimates[92]). It is a fairly rural district with a population density of 133 people per km^2, above the North Yorkshire average of 75 yet below the national average of 401. The town of Scarborough (population 51,960) is it's only major town or settlement with a population over 15,000. Its second largest town is Whitby with a population of 13,570[93].

As in the rest of North Yorkshire, the population of Scarborough is increasing and ageing with a projected population of 111,800 by 2035[94]. The population of older people (65 and over) is expected to increase from 22.9% in 2010 to 33.1% by 2035 while the population aged 0-19 years is expected to fall from 21.1% to 19.6% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Scarborough has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.9% of the population classified in other categories than 'White British'. Within these minority groups, the 'White Other' category accounts for 2.4% of the total population of Scarborough (ONS Mid-2009 Population Estimates Experimental Data[95]).

Deprivation

Deprivation compared to the national average

Scarborough is the most deprived district in North Yorkshire ranking 83 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). There are fourteen

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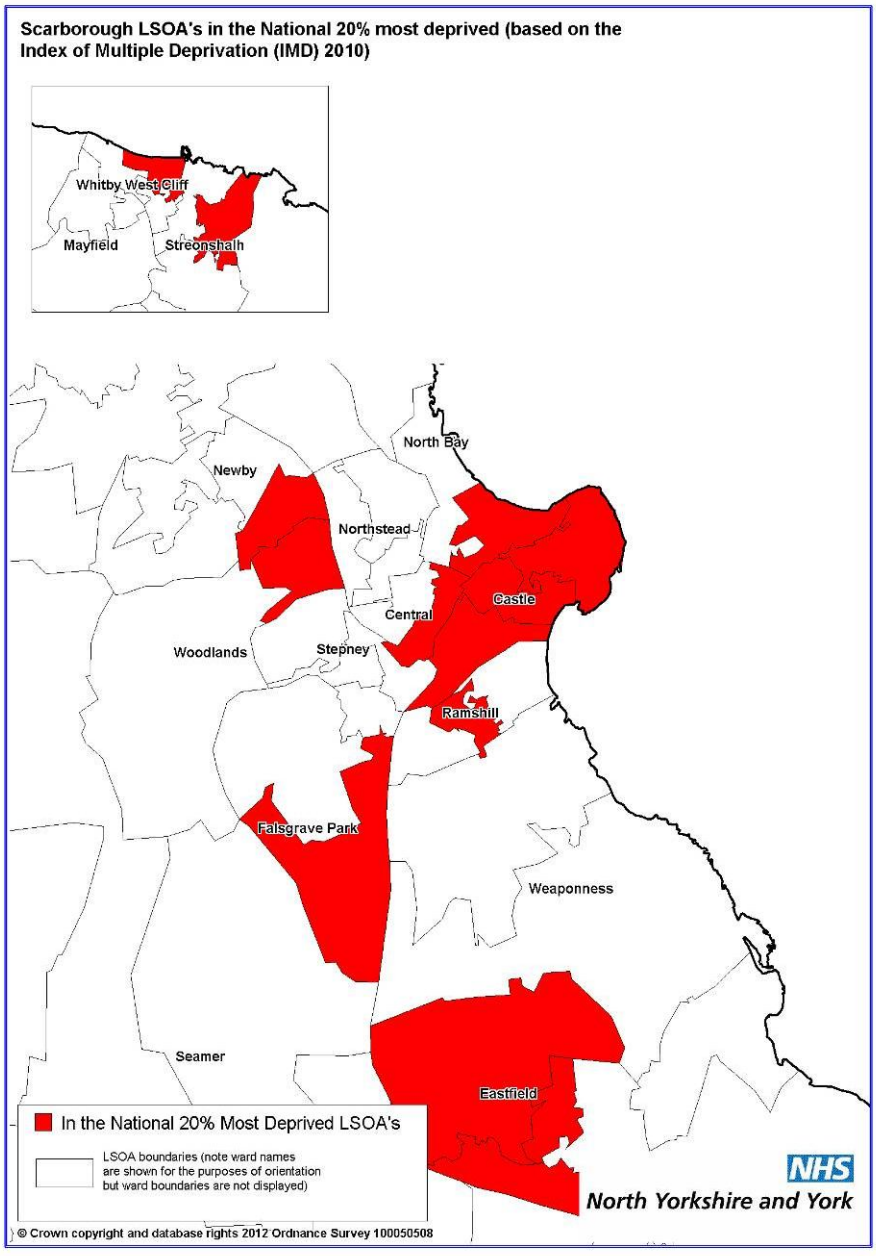
92 ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=326

93 Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

94 ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

95 Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

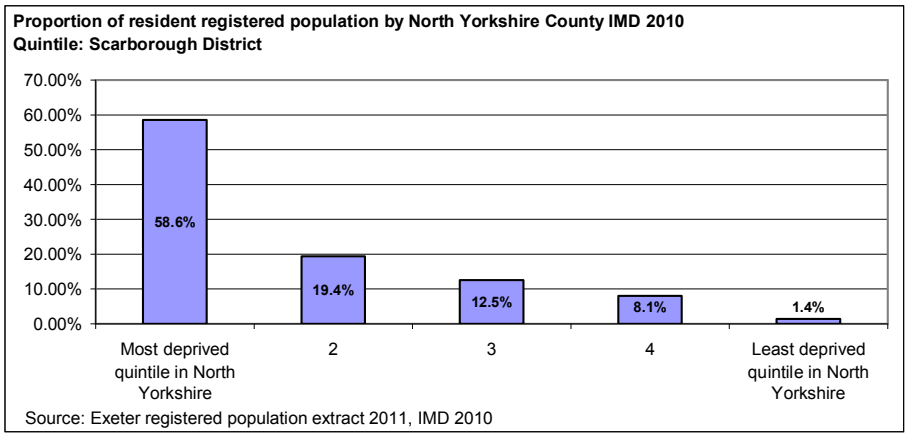
Lower Super Output Areas (LSOAs) in Scarborough that are ranked within the 20% most deprived in England[96] shown in the map below.



Deprivation compared to North Yorkshire County

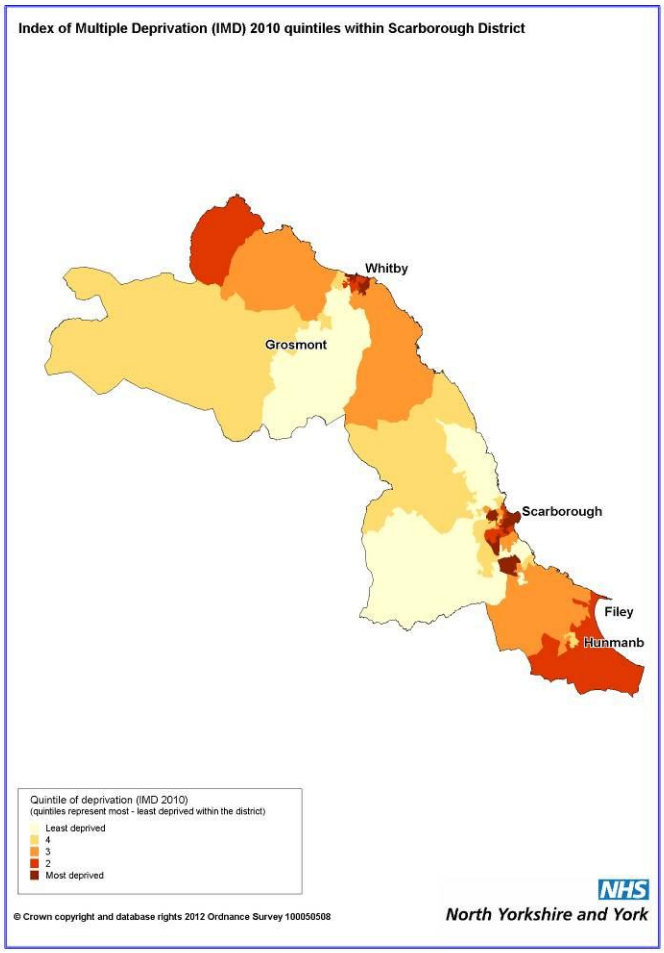
The chart below shows how the population of Scarborough is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score) and shows that the majority of the population of Scarborough live in the most deprived quintile.

[96] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Deprivation within Scarborough

Based on the overall IMD score, the map below shows the most and least deprived areas within Scarborough, (i.e. the most deprived fifth of the population within Scarborough, through to the least deprived).



Other factors related to deprivation

The unemployment claimant count rate[97] in Scarborough increased from 3.8% (2,532 claiming Job Seekers Allowance) in July 2011 to 5.1% (3,345 claimants) in January 2012,

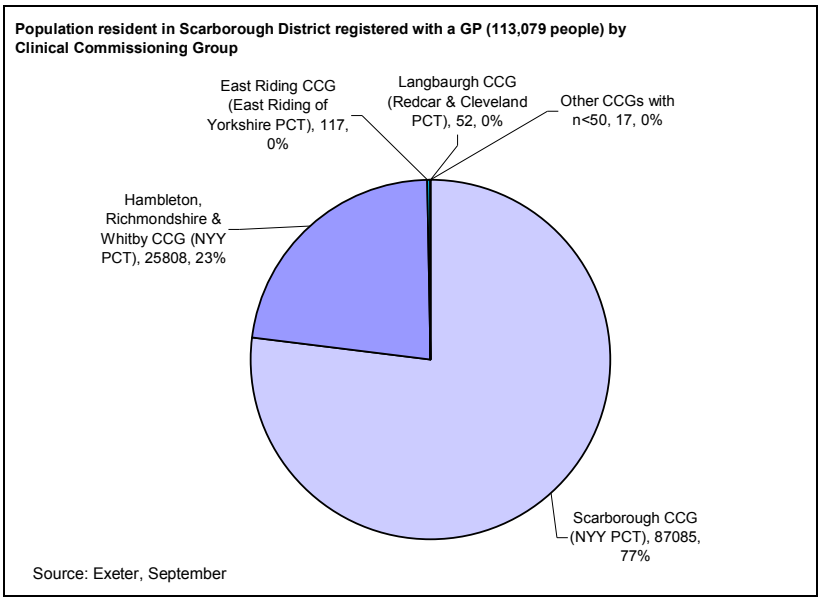
[97] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

higher than all other districts in North Yorkshire and above the national average of 4.0%. The wards of Castle, Eastfield, North Bay and Ramshill in Scarborough have the highest levels of unemployment in North Yorkshire. In these areas, Jobseekers Allowance claimants exceeded 8% of the working age population in January 2012.

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Scarborough during 2009 was 22.1% compared with a national average of 21.9%[98]. 2009 saw an increase from 21.6% during 2008.

Clinical Commissioning Groups

Residents of Scarborough district are predominantly registered with practices that form part of the Scarborough CCG which accounts for 77% of all residents. The remaining residents are predominantly registered Hambleton, Richmondshire and Whitby CCG.



Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 2010 the AAACM rate in Scarborough fluctuated around the national average. During 2008-10, the rate was 568 per 100,000, not significantly different compared to the national average of 553. Mortality is higher amongst males (671 per 100,000) compared to females (483 per 100,000)[99].

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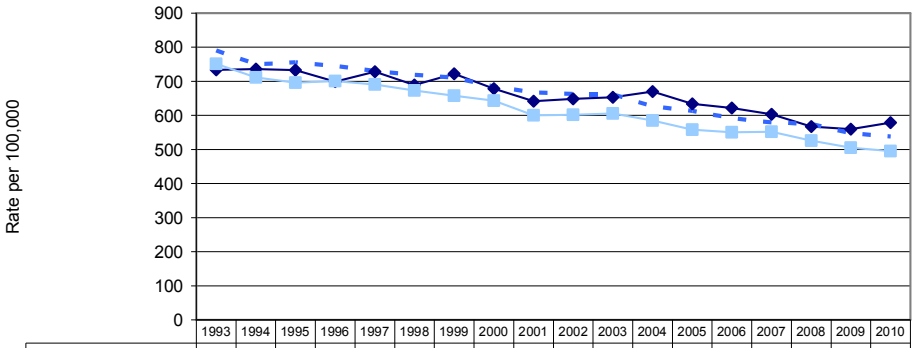
98 Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

99 NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

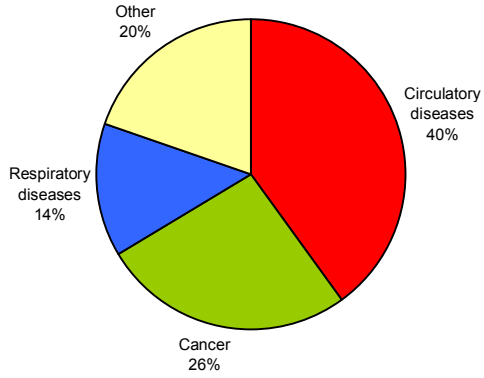
All Age All Cause Mortality (AAACM), direct standardised rate per 100,000 population



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Scarborough	734	736	733	699	728	689	722	679	642	648	653	670	634	622	603	567	559	579
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

Source: NHS Information Centre, ONS

Deaths by cause, 2008-2010, Scarborough

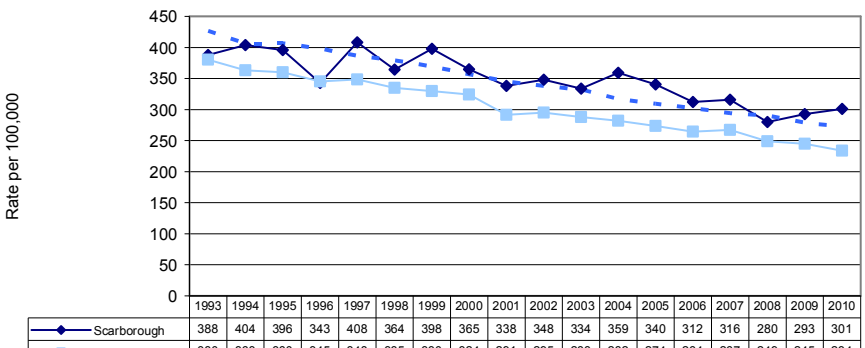


Source: ONS Annual District Deaths Extract

Circulatory diseases are the leading cause of death amongst residents of Scarborough District accounting for 40% of all deaths.

The premature death rate (aged under 75 years) from all causes was not significantly different to the national average of 281 per 100,000 during 2008-10 in Scarborough (291 per 100,000)[100]. Although the rate in Scarborough is falling, it has generally remained above average over the last ten years.

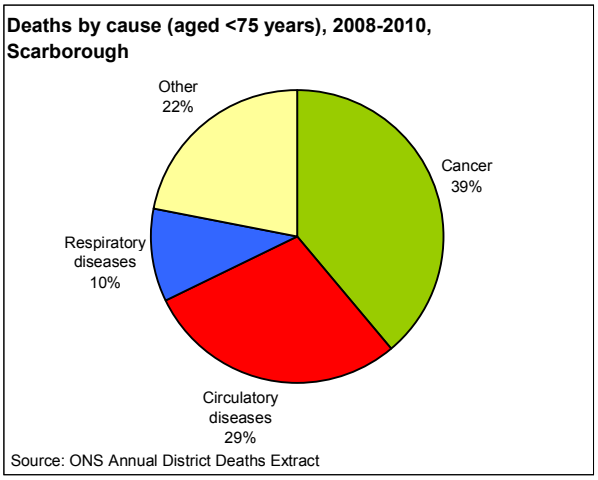
All cause mortality, age <75 years, direct standardised rate per 100,000 population



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Scarborough	388	404	396	343	408	364	398	365	338	348	334	359	340	312	316	280	293	301
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

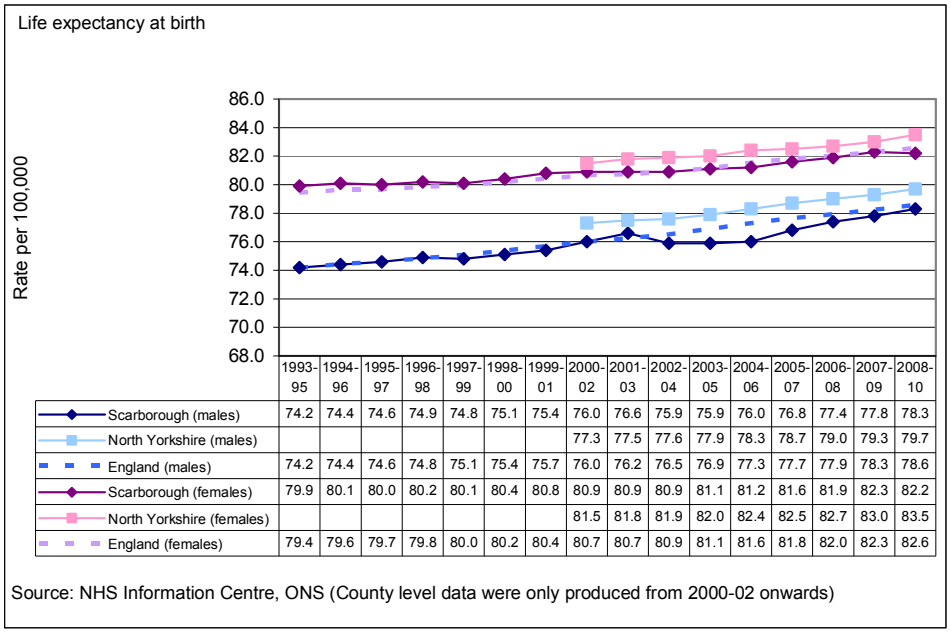
Source: NHS Information Centre, ONS

[100] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012



The leading cause of death for those dying prematurely (<75 years) in Scarborough is Cancer, accounting for 39% of all deaths.

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Scarborough was 78.3 and females 82.2, not significantly different to the national averages of 78.6 and 82.6 and shows a rising trend[101]. The gap between male and female life expectancy has narrowed considerably since 1993 though females can still expect to live around four years longer than males in Scarborough.



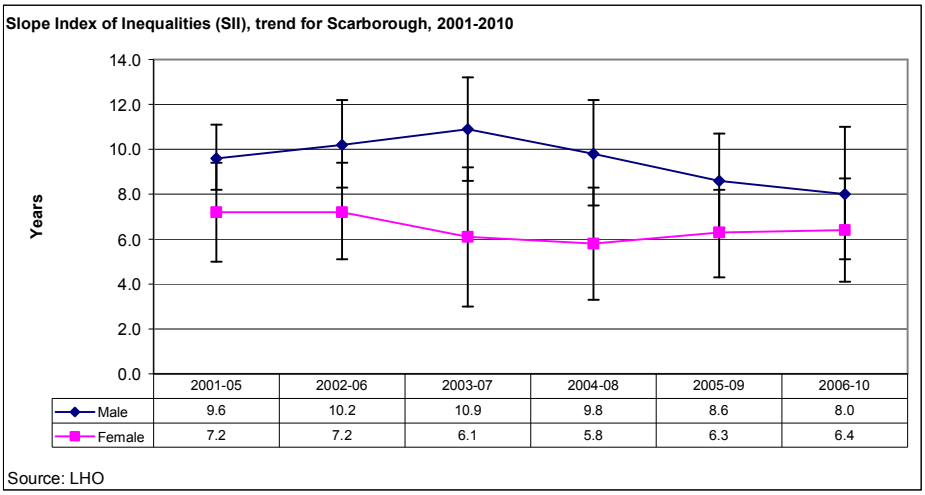
	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Scarborough (males)	74.2	74.4	74.6	74.9	74.8	75.1	75.4	76.0	76.6	75.9	75.9	76.0	76.8	77.4	77.8	78.3
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Scarborough (females)	79.9	80.1	80.0	80.2	80.1	80.4	80.8	80.9	80.9	80.9	81.1	81.2	81.6	81.9	82.3	82.2
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Scarborough's most deprived communities will die, on average 8.0 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Scarborough will die, on average 6.4 years earlier than those in the least deprived communities in Scarborough[102]. For males, the Slope Index of Inequalities (SII) increased between 2001 and 2007 though has since fallen. For females, the SII has remained fairly stable over the last five years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

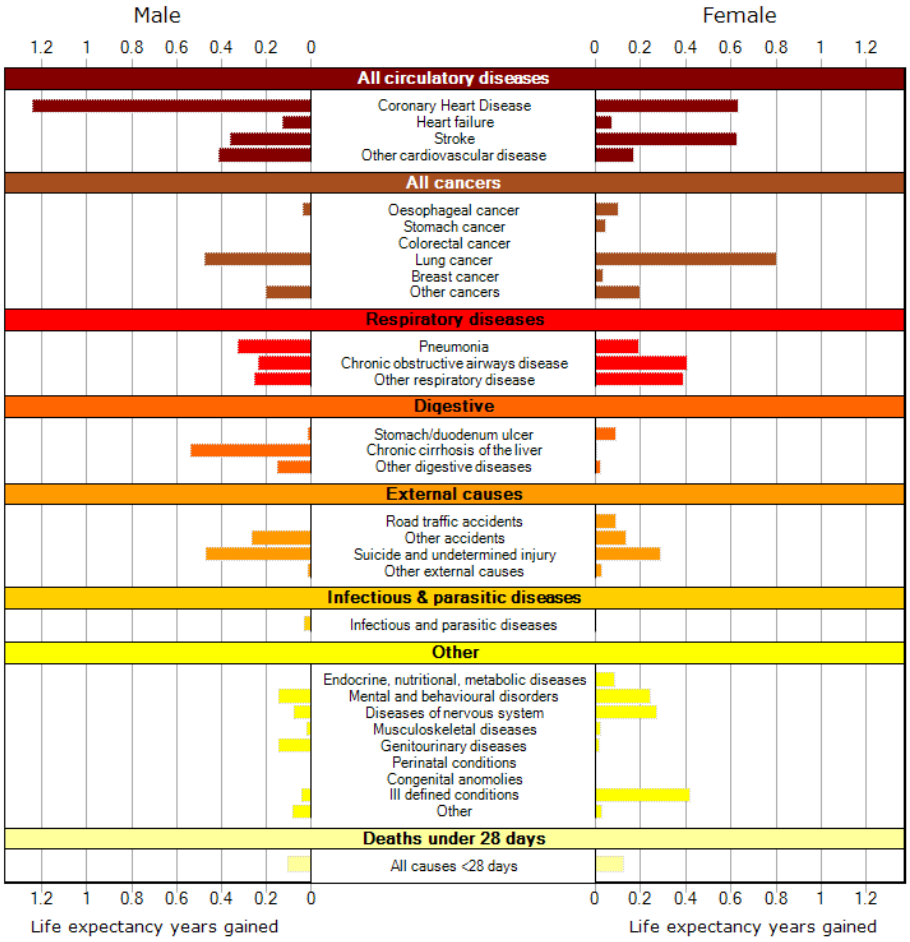
[101] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

[102] Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012



The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Scarborough had the same mortality rate as the least deprived quintile in the local authority for each cause of death[103]. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Scarborough had the same mortality rate as the least deprived quintile in the local authority for each cause of death

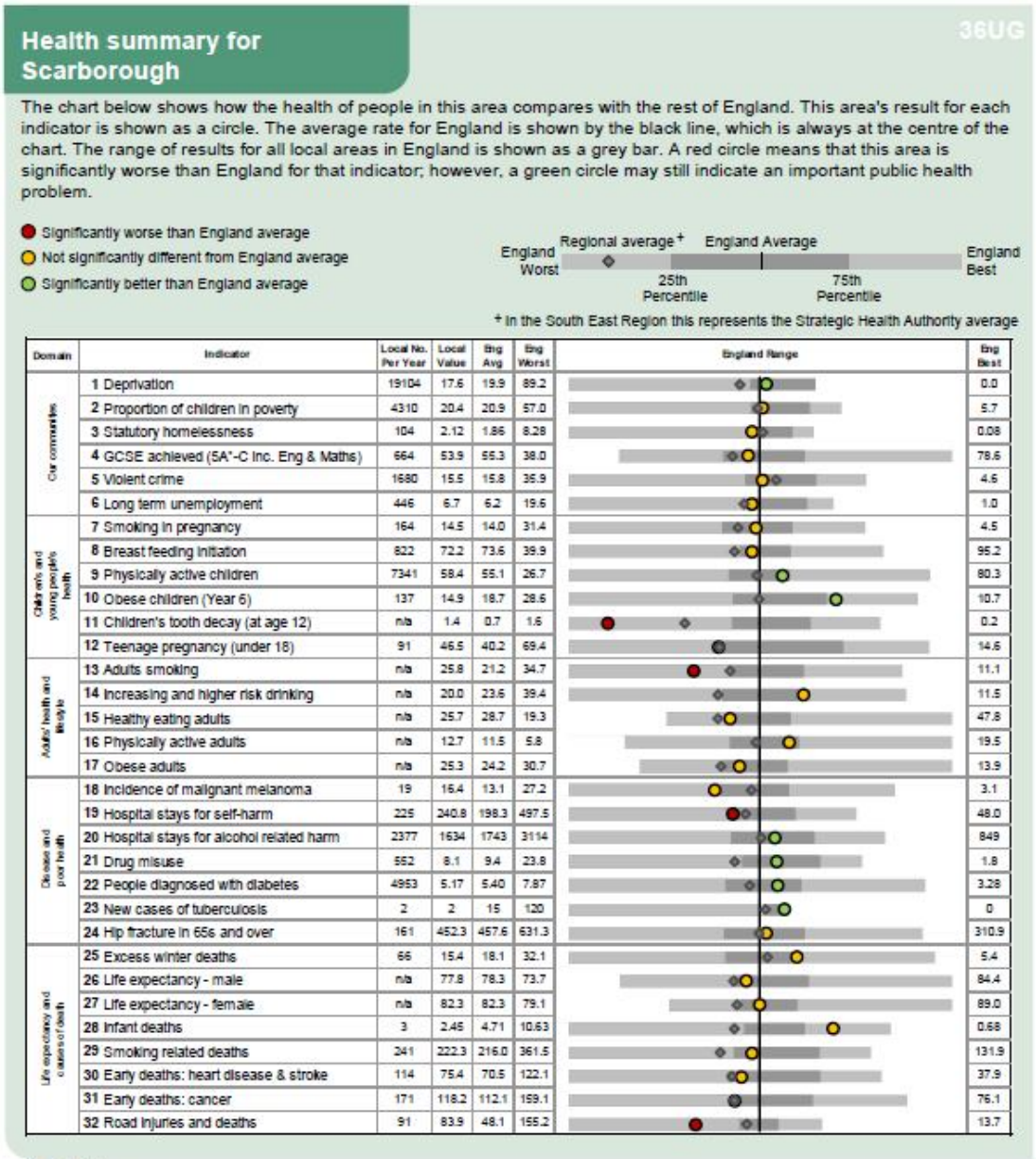


Source: LHO Health Inequalities Intervention Tool

[103] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

Community Health Profile for Scarborough

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. The health summary that appeared in the 2011 profile for Scarborough is shown below, outlining how the health of people in Scarborough compares with the rest of England. 2012 profiles will be published in summer 2012 - http://www.apho.org.uk/default.aspx?RID=49802.



Health summary for Scarborough

36UG

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | Regional average + | England Average | England Best

25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	19104	17.6	19.9	89.2		0.0
	2	Proportion of children in poverty	4310	20.4	20.9	57.0		5.7
	3	Statutory homelessness	104	2.12	1.86	8.28		0.08
	4	GCSE achieved (5A*-C inc. Eng & Maths)	664	53.9	55.3	38.0		78.6
	5	Violent crime	1680	15.5	15.8	35.9		4.6
	6	Long term unemployment	446	6.7	6.2	19.6		1.0
Children's and young people's health	7	Smoking in pregnancy	164	14.5	14.0	31.4		4.5
	8	Breast feeding initiation	822	72.2	73.6	39.9		95.2
	9	Physically active children	7341	58.4	55.1	26.7		80.3
	10	Obese children (Year 6)	137	14.9	18.7	28.6		10.7
	11	Children's tooth decay (at age 12)	n/a	1.4	0.7	1.6		0.2
	12	Teenage pregnancy (under 18)	91	46.5	40.2	69.4		14.6
Adults' health and lifestyle	13	Adults smoking	n/a	25.8	21.2	34.7		11.1
	14	Increasing and higher risk drinking	n/a	20.0	23.6	39.4		11.5
	15	Healthy eating adults	n/a	25.7	28.7	19.3		47.8
	16	Physically active adults	n/a	12.7	11.5	5.8		19.5
	17	Obese adults	n/a	25.3	24.2	30.7		13.9
Disease and poor health	18	Incidence of malignant melanoma	19	16.4	13.1	27.2		3.1
	19	Hospital stays for self-harm	225	240.8	198.3	497.5		48.0
	20	Hospital stays for alcohol related harm	2377	1634	1743	3114		849
	21	Drug misuse	552	8.1	9.4	23.8		1.8
	22	People diagnosed with diabetes	4953	5.17	5.40	7.87		3.28
	23	New cases of tuberculosis	2	2	15	120		0
	24	Hip fracture in 65s and over	161	452.3	457.6	631.3		310.9
Life expectancy and causes of death	25	Excess winter deaths	66	15.4	18.1	32.1		5.4
	26	Life expectancy - male	n/a	77.8	78.3	73.7		84.4
	27	Life expectancy - female	n/a	82.3	82.3	79.1		89.0
	28	Infant deaths	3	2.45	4.71	10.63		0.68
	29	Smoking related deaths	241	222.3	216.0	361.5		131.9
	30	Early deaths: heart disease & stroke	114	75.4	70.5	122.1		37.9
	31	Early deaths: cancer	171	118.2	112.1	159.1		76.1
	32	Road injuries and deaths	91	83.9	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

Source: Department of Health, © Crown Copyright 2011

Scarborough District 'Big Issues'

The issues received from people and organisations based in Scarborough district were overall similar to those received from other areas of the county. There was slightly less emphasis on issues connected with rurality than from the more rural parts of the county.

Although some of the issues that were mentioned during the JSNA event held in Scarborough district during December 2011 were typical of other areas, the total number of issues raised was higher than at most of the other events and more issues were uniquely raised during the Scarborough event than occurred in most other districts.

Issues mentioned during discussion at the Scarborough district JSNA event	
Issues	**Event**
Accommodation and housing – link to mental health. Avoiding ghettos	Only mentioned at the Scarborough event
Advocacy	Only mentioned at the Scarborough event
Affordable childcare	Only mentioned at the Scarborough event
Alcohol – availability, changing attitudes and behaviour	
Avoid duplication of services	Only mentioned at the Scarborough event
Education – information – lifetime investment	
Effective support for family carers	
Equal access to services (especially interpreters in health services)	Only mentioned at the Scarborough event
Family support isn't always there	
Isolation (particularly older population)	
Mental wellbeing – responding earlier	
Need doors opening to access community assets	Only mentioned at the Scarborough event
No short term funding – look to the future	Only mentioned at the Scarborough event
Obesogenic environment	Only mentioned at the Scarborough event
Simplification of assessment process (especially social care)	
Stop Consultancy	Only mentioned at the Scarborough event
Supporting communities to be more supportive	

Issues identified for Scarborough District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

A Give every child the best start in life

- Scarborough District (21%) has almost double the % of children in child poverty than the rest of North Yorkshire.
- Smoking in pregnancy rates are much higher than the National ambition in some areas of North Yorkshire, indicating an area of significant concern, particularly in Scarborough.

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Lower educational attainment on most indicators compared to the rest of North Yorkshire and England.

- Falsgrave Park, Ramshill, Castle, Central and North Bay wards had a significantly higher rate of teenage pregnancy than the national average.

C Create fair employment and good work for all

- Higher unemployment rate (both claimants and jobseekers).

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty (26.3%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Highest crime levels in North Yorkshire.
- Scarborough had the highest incidence of overcrowded housing at 4.95% of households, substantially higher than any other North Yorkshire district but lower than the national average of 7.13% for England.

F Strengthen the role of ill-health prevention

- Recorded crime attributable to alcohol in Scarborough District is the highest (7.1 per 1000 population) in North Yorkshire.
- There is a need to develop a Falls Service in Scarborough/Whitby /Ryedale.
- For reception children, obesity prevalence was second highest in Scarborough (8.0%).
- For year 6 children, obesity prevalence was highest in Scarborough (17.8%).
- Eastfield and Seamer fall into the bottom national quartile for expected levels of participation in at least 3 days x 30 minutes, moderate intensity adult physical activity.
- Higher levels of Chlamydia screening compared to North Yorkshire.
- Scarborough has the highest rates of smoking in North Yorkshire.
- Over the last five years, the percentage of mothers who were smokers giving birth at Scarborough was consistently significantly higher than the national average. During 2010/11 at Scarborough, 19.5% (almost 2 in every 10 mothers) were recorded as being a smoker at the time of delivery.
- During 2009/10, all districts within North Yorkshire had smoking attributable hospital admission rates per 100,000 population that were significantly lower than the national average, with the exception of Scarborough, which was significantly higher.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- Scarborough has Coronary Heart Disease mortality rates significantly higher than the national average.
- For COPD there is limited capacity to pulmonary rehabilitation available in Whitby.
- The % of people with diabetes who have an Hb_{A1c} <7 was 2nd lowest in Scarborough and Ryedale CCG across North Yorkshire.

- Scarborough is in the 2nd bottom quintile nationally for dying in place or usual residence (i.e. below average).
- 24/7 community nursing service in Scarborough Area needs developing.
- Scarborough District had rates significantly higher mortality rates from stroke than the national average.

Population Groups

Carers

- Scarborough District has the highest rate of claimants for carer's allowance in North Yorkshire at 1.00% of the population, higher than the England average.

Homeless

- The number of homelessness acceptances per 1000 households in NY is 2nd highest in Scarborough (3.00 per 1000).

People with Physical Disability or Sensory Impairment

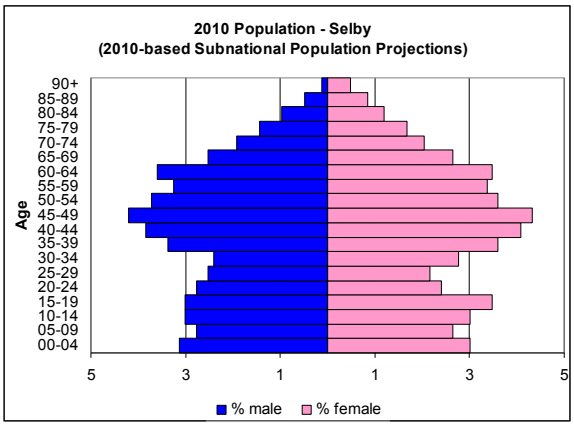
- Above the national average (18.0%) of working age population who are disabled at 23.7%.
- Highest rate of numbers receiving services from NYCC Health and Adult Services (35.7 per 1,000).

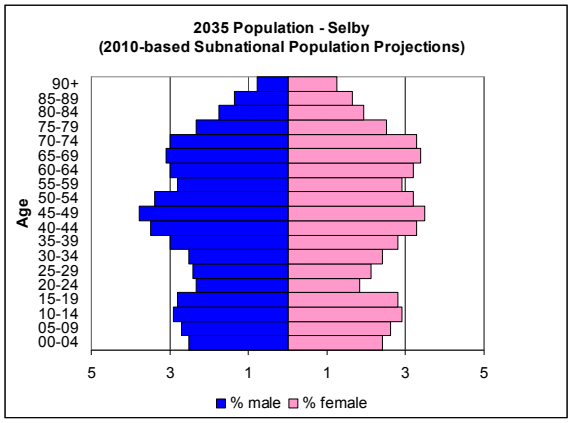
A Profile of Selby District (incorporating the Selby element of Vale of York CCG)

Population

Selby has a population of 82,900 (ONS 2010 Mid Year Population Estimates[104]). It is a fairly rural district with a population density of 138 people per km^2, above North Yorkshire average of 75 but well below the national average of 401. Selby town, with a population of 24,680 is its only major town or settlement with a population over 15,000[105]. Its second largest town is Sherburn in Elmet, home to 6,370 people.

As in the rest of North Yorkshire, the population of Selby is increasing and ageing with a projected population of 103,400 by 2035[106]. The population of older people (65 and over) is expected to increase from 16.5% in 2010 to 26.3% by 2035 while the population aged 0-19 years is expected to fall from 24.0% to 21.8% over the same period. The charts below show the effect of these changes on the projected population age profile.





Ethnicity

The population of Selby has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.4% of the population classified in other categories than 'White British'. Within these minority groups, the 'Asian or Asian British' category accounts for 2.2% of the total population of Selby (ONS Mid-2009 Population Estimates Experimental Data107).

Deprivation

Deprivation compared to the national average

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104 ONS Mid-Year Population Estimates. Available at www.ons.gov.uk
Also available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=326

105 Mid-2010 Parish Population Estimates. Available in www.northyorks.gov.uk

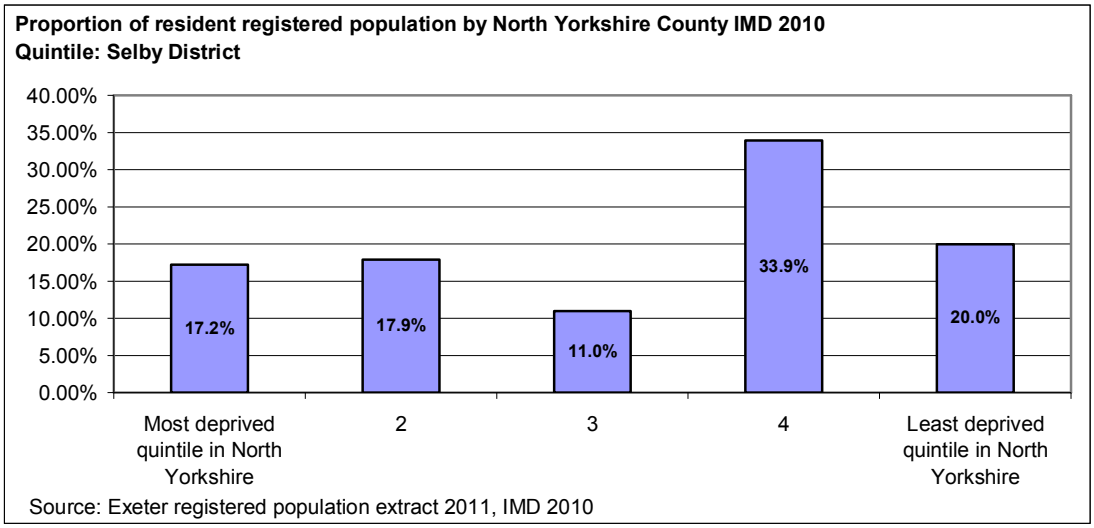
106 ONS 2010 indicative mid-year estimate based subnational population projections. Available at: http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html

107 Population Estimates by Ethnic Group figures produced by ONS are available in STREAM at http://www.streamlis.org.uk/QuickLink.aspx?id=331

Relative to the national average, Selby is a prosperous area ranking 241 out of England's 326 Local Authorities (where 1 = most deprived and 326 = least deprived). However, there are pockets of deprivation with one Lower Super Output Areas (LSOAs) within the Selby North ward ranked within the 20% most deprived in England[108].

Deprivation compared to North Yorkshire County

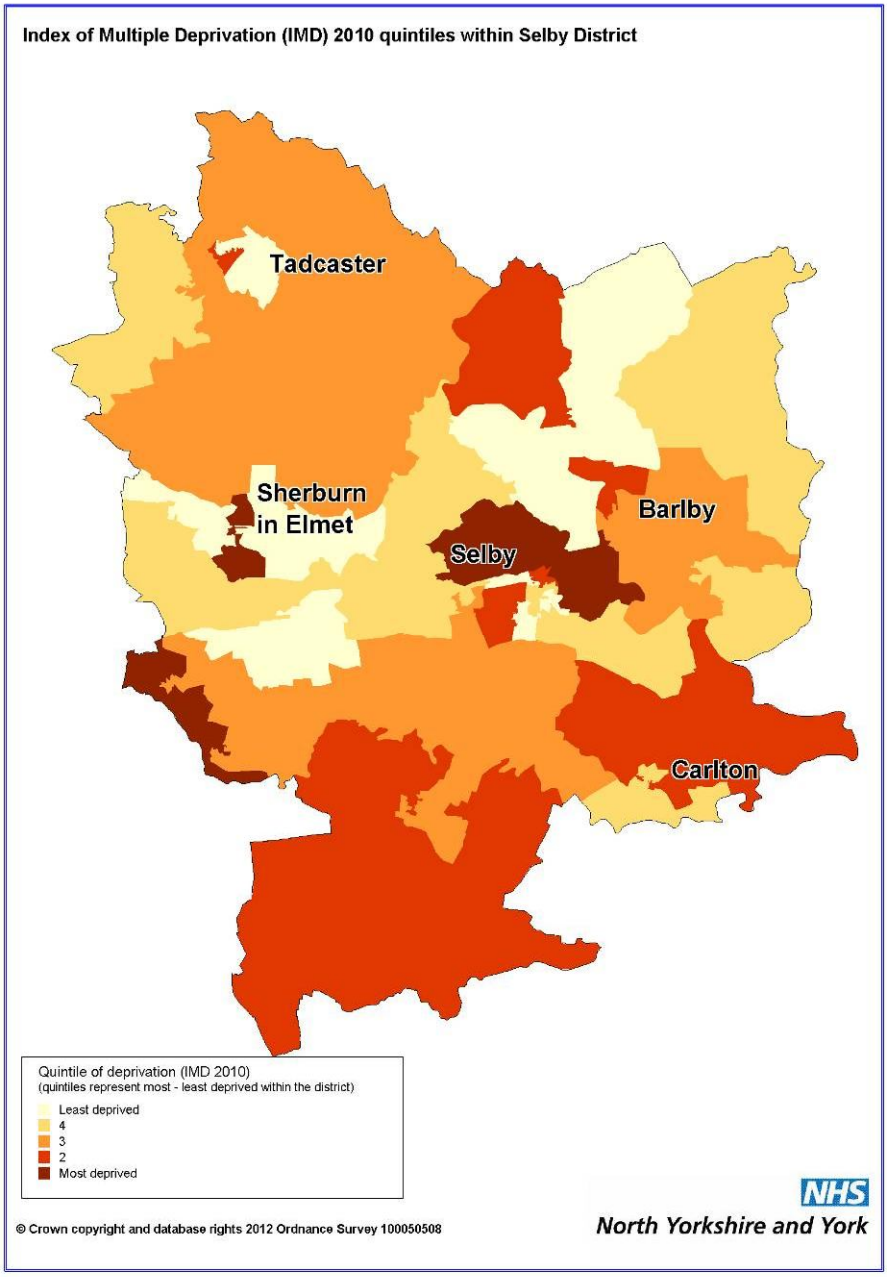
The chart below shows how the population of Selby is distributed across the deprivation quintiles for North Yorkshire County (based on the overall IMD score). Compared to the other districts in North Yorkshire, Selby is the third most deprived district and the majority of the population of Selby live in the more deprived quintiles.



Deprivation within Selby

Based on the overall IMD score, the map below shows the most and least deprived areas within Selby, (i.e. the most deprived fifth of the population within Selby, through to the least deprived).

[108] The English Indices of Deprivation 2010, Department for Communities and Local Government. Available at http://www.communities.gov.uk



Other factors related to deprivation

The unemployment claimant count rate[109] in Selby increased from 2.9% (1,542 claiming Job Seekers Allowance) in July 2011 to 3.2% (1,711 claimants) in January 2012, above to the North Yorkshire average of 2.8% but below the national average of 4.0%.

Child Poverty (measured by the percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits, where their reported income is less than 60% median income), in Selby during 2009 was 12.8% compared with a national average of 21.9%[110]. 2009 saw an increase from 11.7% during 2008.

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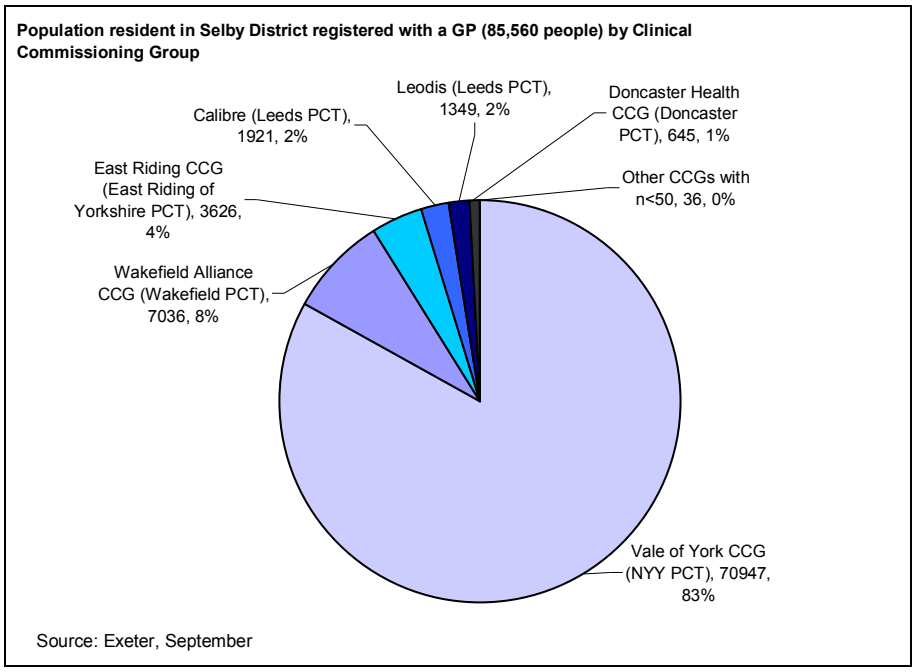
[109] Monthly unemployment rates. Published on the NYCC web site at: http://www.northyorks.gov.uk/index.aspx?articleid=2805

[110] Children living in poverty, Her Majesty's Revenue and Customs (HMRC) 2009. Available at: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm accessed 17/04/2012

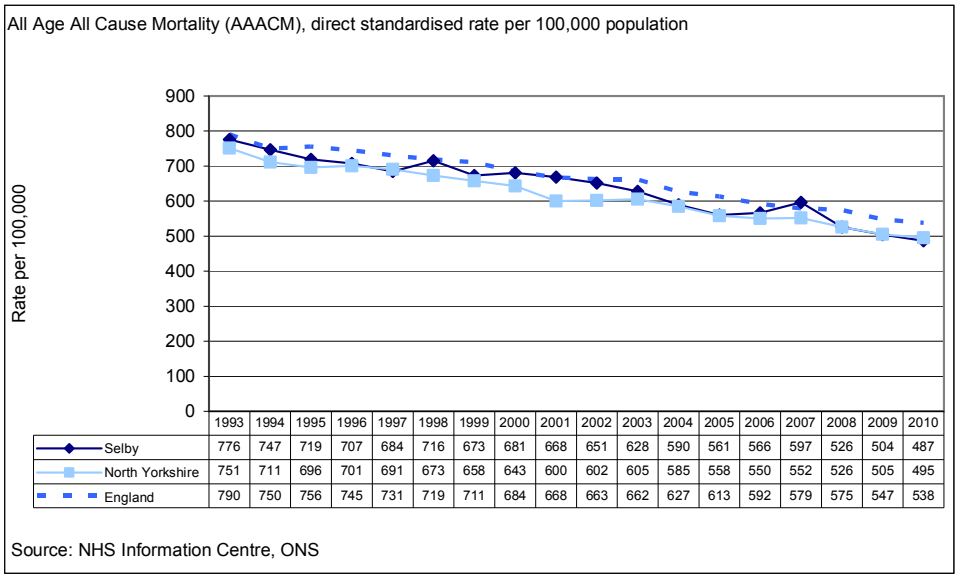
Clinical Commissioning Groups

Residents of Selby district are predominantly registered with practices that form part of the Vale of York CCG. The remainder are shared across a number of CCGs in Wakefield, East Riding of Yorkshire and Leeds.



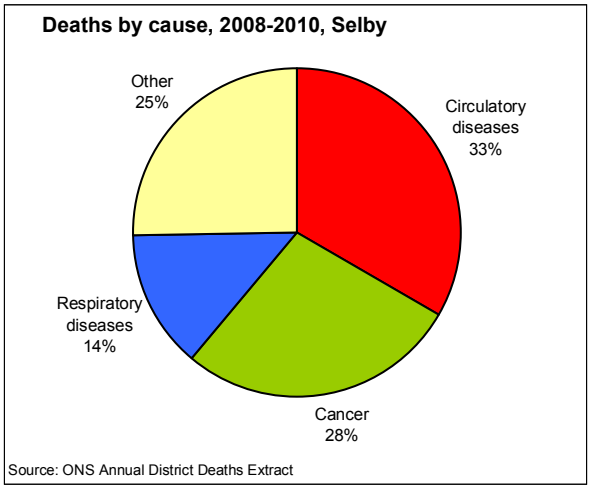
Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 1993 and 2010 the AAACM rate in Selby was below the national average. During 2008-10, the rate was 506 per 100,000, statistically significantly lower than the national average of 553. Mortality is higher amongst males (587 per 100,000) compared to females (437 per 100,000)[111].



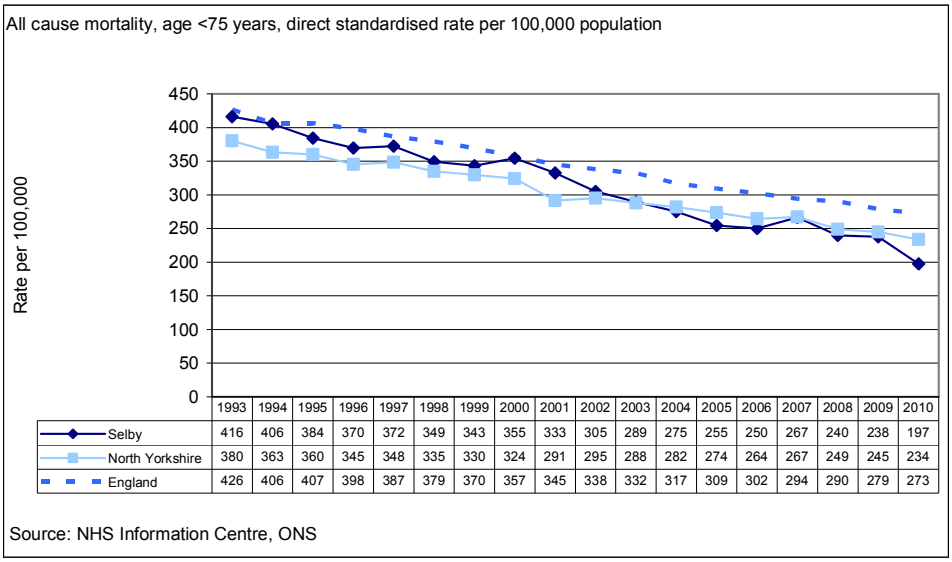
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Selby	776	747	719	707	684	716	673	681	668	651	628	590	561	566	597	526	504	487
North Yorkshire	751	711	696	701	691	673	658	643	600	602	605	585	558	550	552	526	505	495
England	790	750	756	745	731	719	711	684	668	663	662	627	613	592	579	575	547	538

[111] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

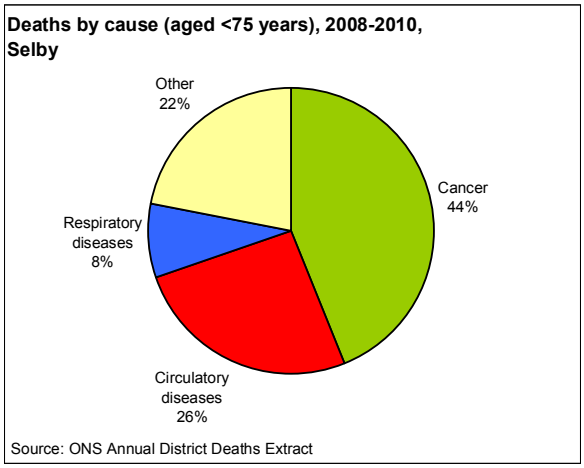


Circulatory diseases are the leading cause of death amongst residents of Selby District accounting for 33% of all deaths.

The premature death rate (aged under 75 years) from all causes was statistically significantly lower than the national average of 281 per 100,000 during 2008-10 in Selby (225 per 100,000)[112]. The rate fell between 1993 and 2010 and fell at a faster pace than the national average over the last ten years.



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Selby	416	406	384	370	372	349	343	355	333	305	289	275	255	250	267	240	238	197
North Yorkshire	380	363	360	345	348	335	330	324	291	295	288	282	274	264	267	249	245	234
England	426	406	407	398	387	379	370	357	345	338	332	317	309	302	294	290	279	273

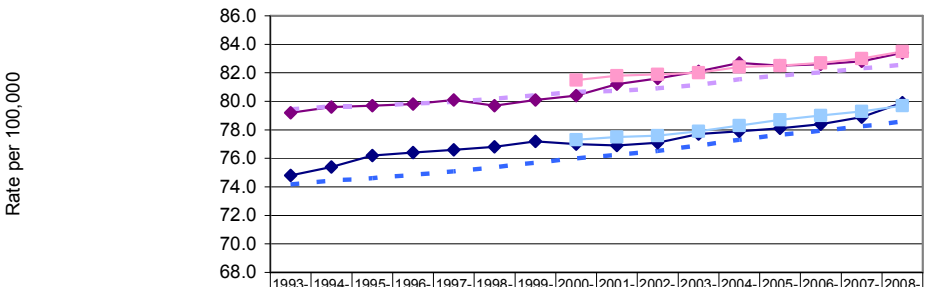


The leading cause of death for those dying prematurely (<75 years) in Selby is Cancer, accounting for 44% of all deaths.

[112] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

Life expectancy at birth is a good measure of overall health and is similar to All Age All Cause Mortality. During 2008-2010, the average life expectancy for males in Selby was 79.9 and females 83.4, significantly higher than the national averages of 78.6 and 82.6 and shows a rising trend[113]. The gap between male and female life expectancy has narrowed since 1993 though females can still expect to live around three and a half years longer than males in Selby.

Life expectancy at birth

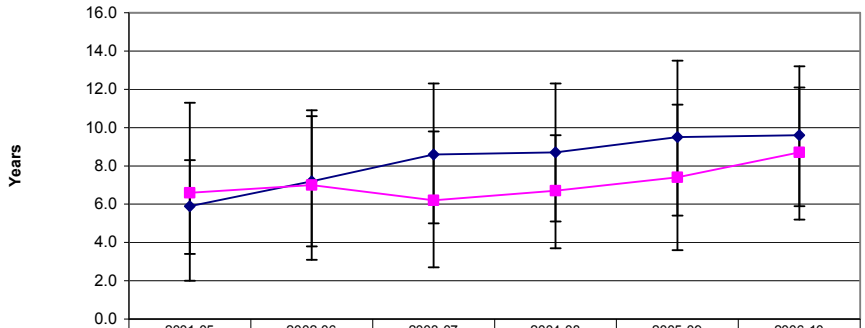


	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Selby (males)	74.8	75.4	76.2	76.4	76.6	76.8	77.2	77.0	76.9	77.1	77.7	77.9	78.1	78.4	78.9	79.9
North Yorkshire (males)								77.3	77.5	77.6	77.9	78.3	78.7	79.0	79.3	79.7
England (males)	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.7	77.9	78.3	78.6
Selby (females)	79.2	79.6	79.7	79.8	80.1	79.7	80.1	80.4	81.2	81.6	82.1	82.7	82.5	82.6	82.8	83.4
North Yorkshire (females)								81.5	81.8	81.9	82.0	82.4	82.5	82.7	83.0	83.5
England (females)	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.6	81.8	82.0	82.3	82.6

Source: NHS Information Centre, ONS (County level data were only produced from 2000-02 onwards)

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Selby's most deprived communities will die, on average 9.6 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Selby will die, on average 8.7 years earlier than those in the least deprived communities in Selby[114]. For both males and females, the Slope Index of Inequalities (SII) has increased over the last ten years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), trend for Selby, 2001-2010



	2001-05	2002-06	2003-07	2004-08	2005-09	2006-10
Male	5.9	7.2	8.6	8.7	9.5	9.6
Female	6.6	7.0	6.2	6.7	7.4	8.7

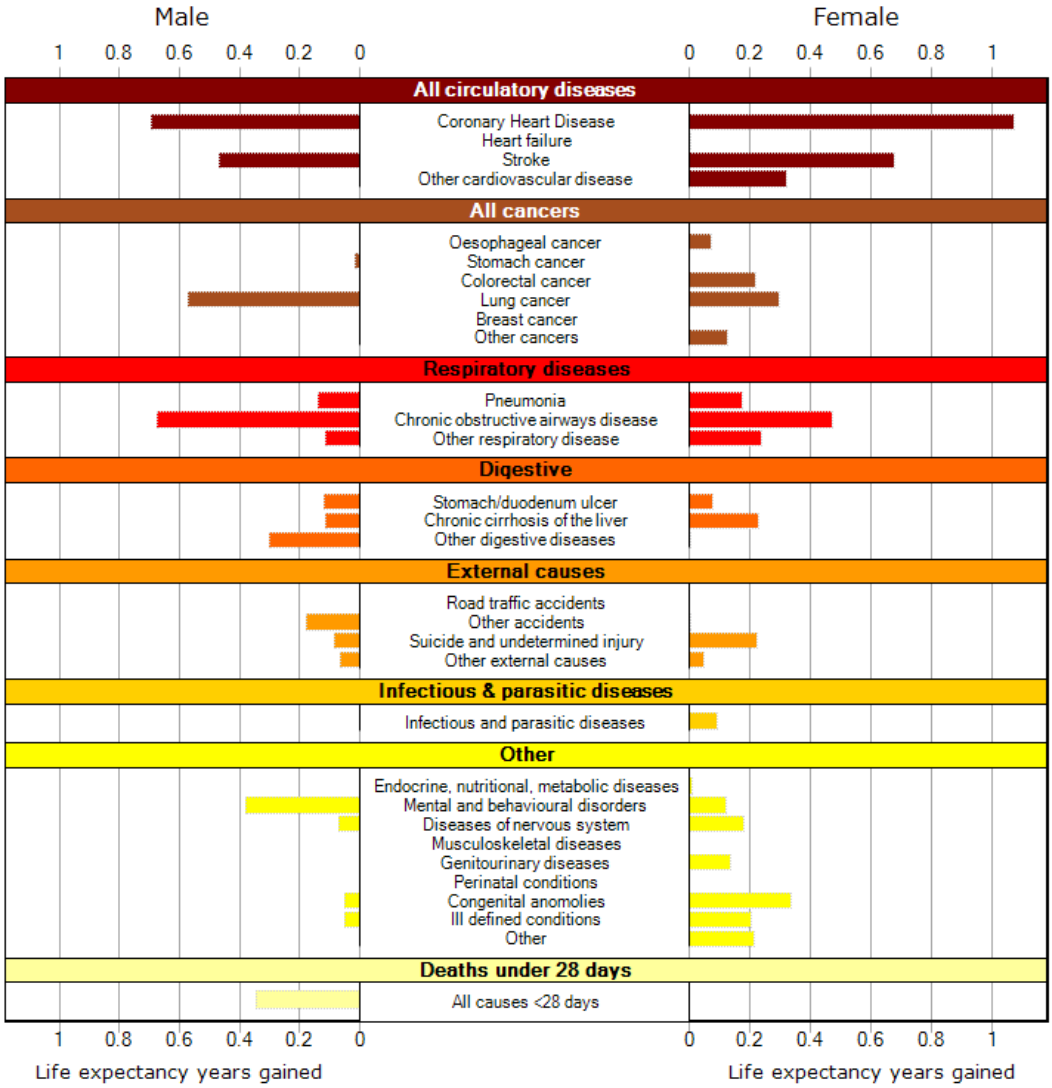
Source: LHO

[113] NHS Information Centre, ONS. Available at: https://indicators.ic.nhs.uk/webview/ accessed 01/02/2012

[114] Health Inequalities Gap Measurement Tool for England. SEPHO. Available at: http://www.sepho.nhs.uk/gap/gap_national.html accessed 01/02/2012

The chart below shows the Life expectancy years gained if the Most Deprived Quintile (MDQ) of Selby had the same mortality rate as the least deprived quintile in the local authority for each cause of death[115]. The implications of this analysis are that people in the most deprived communities are having their lives cut short from potentially preventable conditions compared to their more affluent counterparts.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Selby had the same mortality rate as the least deprived quintile in the local authority for each cause of death



Source: LHO Health Inequalities Intervention Tool

Community Health Profile for Selby

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England.

[115] LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

The health summary that appeared in the 2011 profile for Selby is shown below, outlining how the health of people in Selby compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Health summary for Selby

36UH

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | Regional average + | England Average | England Best

25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	1440	1.8	19.9	89.2		0.0
	2	Proportion of children in poverty	1940	11.0	20.9	57.0		5.7
	3	Statutory homelessness	49	1.48	1.86	8.28		0.08
	4	GCSE achieved (5A*-C inc. Eng & Maths)	498	48.2	55.3	38.0		78.6
	5	Violent crime	694	8.5	15.8	35.9		4.6
	6	Long term unemployment	281	5.3	6.2	19.6		1.0
Children's and young people's health	7	Smoking in pregnancy	129	14.5	14.0	31.4		4.5
	8	Breast feeding initiation	648	72.2	73.6	39.9		95.2
	9	Physically active children	4677	44.6	55.1	26.7		80.3
	10	Obese children (Year 6)	121	15.7	18.7	28.6		10.7
	11	Children's tooth decay (at age 12)	n/a	0.7	0.7	1.6		0.2
	12	Teenage pregnancy (under 18)	53	26.8	40.2	69.4		14.6
Adults' health and lifestyle	13	Adults smoking	n/a	22.2	21.2	34.7		11.1
	14	Increasing and higher risk drinking	n/a	27.2	23.6	39.4		11.5
	15	Healthy eating adults	n/a	26.2	28.7	19.3		47.8
	16	Physically active adults	n/a	14.0	11.5	5.8		19.5
	17	Obese adults	n/a	27.8	24.2	30.7		13.9
Disease and poor health	18	Incidence of malignant melanoma	8	9.2	13.1	27.2		3.1
	19	Hospital stays for self-harm	138	178.7	198.3	497.5		48.0
	20	Hospital stays for alcohol related harm	1250	1251	1743	3114		849
	21	Drug misuse	277	5.1	9.4	23.8		1.8
	22	People diagnosed with diabetes	3060	5.28	5.40	7.87		3.28
	23	New cases of tuberculosis	2	2	15	120		0
	24	Hip fracture in 65s and over	88	464.6	457.6	631.3		310.9
Life expectancy and causes of death	25	Excess winter deaths	59	27.2	18.1	32.1		5.4
	26	Life expectancy - male	n/a	78.9	78.3	73.7		84.4
	27	Life expectancy - female	n/a	82.8	82.3	79.1		89.0
	28	Infant deaths	4	4.67	4.71	10.63		0.68
	29	Smoking related deaths	125	201.0	216.0	361.5		131.9
	30	Early deaths: heart disease & stroke	62	64.6	70.5	122.1		37.9
	31	Early deaths: cancer	91	96.1	112.1	159.1		76.1
	32	Road injuries and deaths	76	93.1	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

Source: Department of Health, © Crown Copyright 2011

Selby District Big Issues (incorporating the Selby element of Vale of York CCG)

The issues received from people and organisations based in Selby district were overall similar to those received from other areas of the county. There was slightly less emphasis on issues connected with rurality than from the more rural parts of the county.

Issues that were mentioned during the JSNA event held in Selby district event during December 2011 were again fairly typical of other areas.

Issues mentioned during discussion at the Selby district JSNA event	
Issues	**Event**
Access to services – education	
Social and family networks – intergenerational opportunities	Only mentioned at the Selby event
Isolation (particularly elderly)	
Access to services – education	
Mental health - link with jobs/housing/education	
Boredom causing social problems	Only mentioned at the Selby event
Responsibility	
Communication between services	
Volunteer recruitment (over legislation)	Only mentioned at the Selby event

Issues identified for Selby District

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

C Create fair employment and good work for all

- Higher earnings than the rest of North Yorkshire.
- Selby South ward has one of the highest unemployment rates in North Yorkshire.

E Create and develop healthy and sustainable places and communities

- Highest CO_2 emissions per capita (2009) compared to rest of North Yorkshire and high compared to England (11.9 compared to 7.4 for England).

F Strengthen the role of ill-health prevention

- Modelled estimates of adults at increasing risk and higher risk drinking in Selby (27.2) was higher than the North Yorkshire average (28.7%) (but not significantly higher than England (23.6%)).
- Recorded crime attributable to alcohol in Selby District is the second highest (4.8 per 1000 population) in North Yorkshire.
- Estimated levels of adult obesity (27.8%) are significantly higher than the national average (24.2%).
- Barlby, Selby North, Selby South, Selby West and Brayton fall into the bottom national quartile for expected levels of participation in at least 3 days x 30 minutes, moderate intensity adult physical activity.

- Children's participation in sport and physical activity is significantly lower than the England average in Selby District.
- Ensure the age extension of the Harrogate, Leeds and York bowel cancer screening service is implemented.
- Ensure the York, Harrogate and Selby Abdominal Aortic Aneurysm screening service is implemented.
- Lower levels of Chlamydia screening compared to North Yorkshire.
- Selby has the second highest rate of smoking in North Yorkshire.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- For COPD there is limited capacity to pulmonary rehabilitation available in York.
- The % of people with diabetes who have an Hb_{A1c} (glysosylated haemoglobin) <7 was lowest in the North Yorkshire practices of Vale of York CCG across North Yorkshire.

Population Groups

Autism

- The predicted increase of people aged 18-64 with autistic spectrum in 2030 is highest in Selby (10.8%).

Learning Disability and Difficulties including Special Educational Needs

- Highest predicted increase of people with Learning Disabilities of 20% by 2030 (POPPI 2011 estimates)[116].
- Currently the lowest rate receiving community based service.
- Significantly lower than county average of registered GP population aged 18+ on Learning disability register.

Older People

- The number of people in Selby District aged 65 and over is set to increase from 14,300 to around 19,300 by 2021.

People with Physical Disability or Sensory Impairment

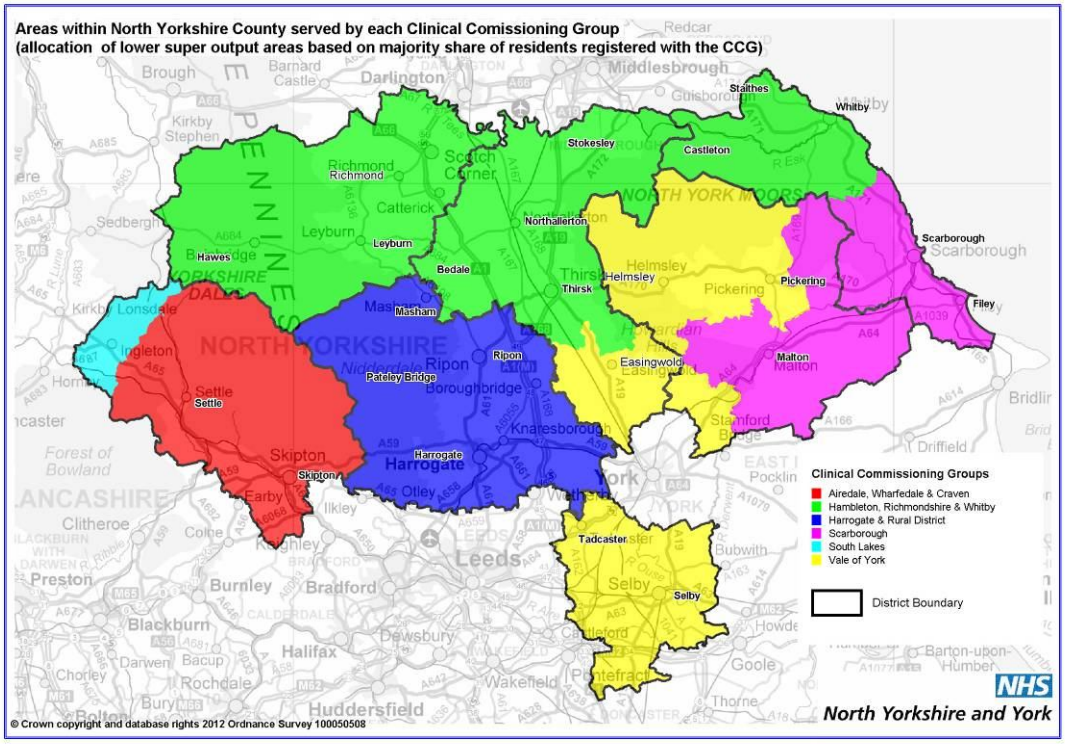
- Above the national average (18.0%) of the working age population who are disabled at 23.5%.
- Expected 12% increase over the next 20 years of people with a serious physical disability.

[116] Projecting Older People Population Information http://www.poppi.org.uk/

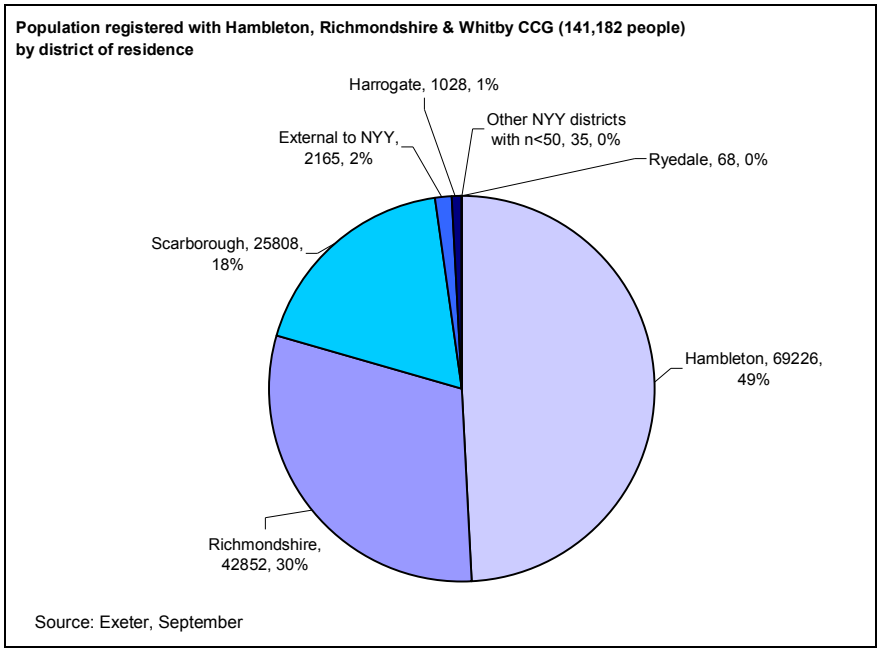
A Profile of Hambleton, Richmondshire & Whitby CCG

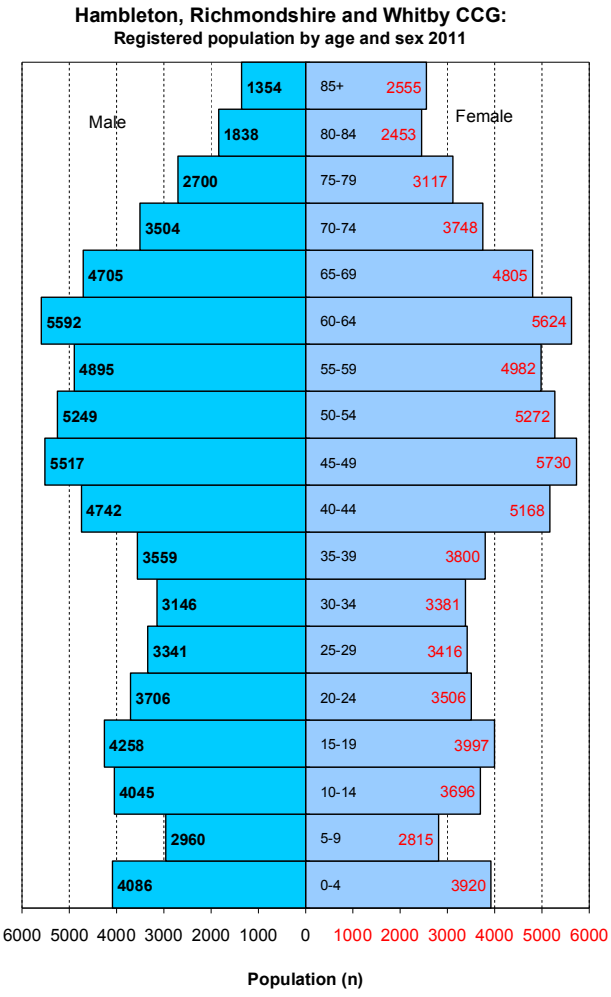
Population

The map below shows the geographical boundaries (constrained to North Yorkshire County boundaries), for the Clinical Commissioning Groups.



Hambleton, Richmondshire and Whitby CCG comprises 22 General Practices with a combined registered population of 141,182, the vast majority of whom live in Hambleton, Richmondshire and Scarborough.



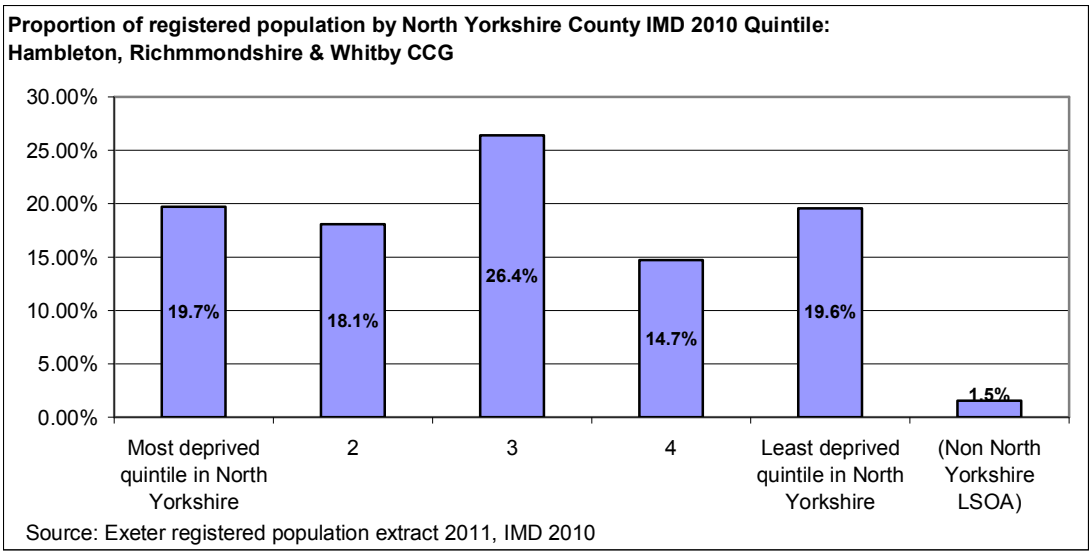


Source: Exeter registered population (including non-North Yorkshire residents), 2011

21.1% of the population are aged 0-19, 57.1% of the population are aged 20-64 and the remaining 21.8% are aged 65+.

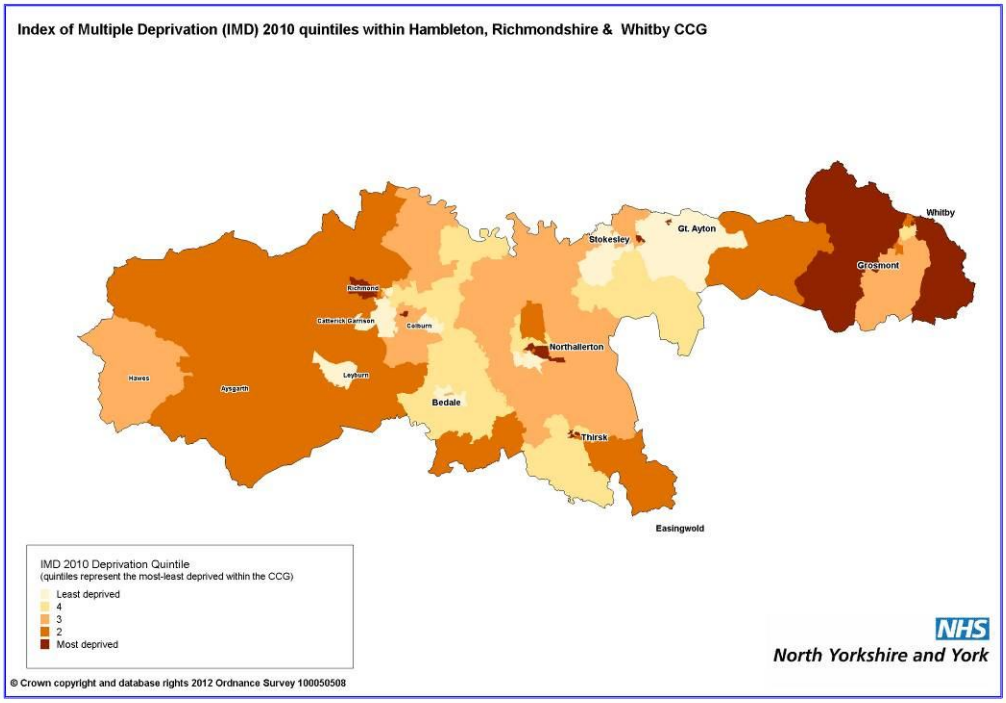
Deprivation

The registered population of Hambleton, Richmondshire and Whitby CCG is spread fairly evenly across the deprivation quintiles of North Yorkshire County.



Source: Exeter registered population extract 2011, IMD 2010

Based on the overall IMD score, the map below shows the most and least deprived areas within Hambleton, Richmondshire and Whitby CCG (i.e. the most deprived fifth of the population within the CCG through to the least deprived).

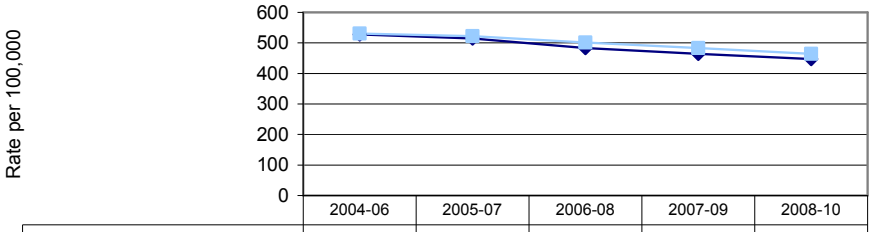


Outcomes

Also see Hambleton and Richmondshire District summaries for further detail on outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 2004-06 and 2008-10 the AAACM rate fell from 528 per 100,000 to 447 per 100,000 in Hambleton, Richmondshire and Whitby CCG, not statistically significantly different to the North Yorkshire average of 464[117].

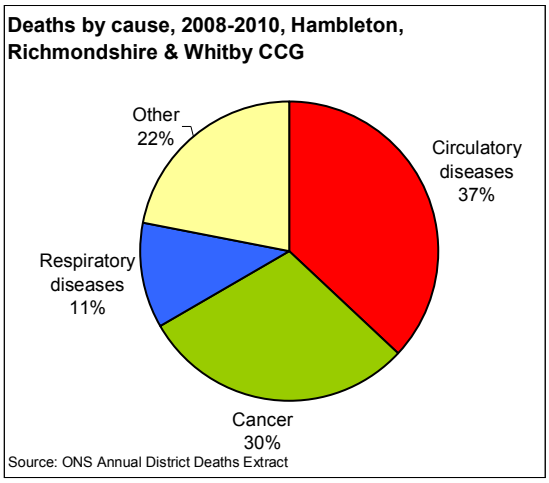
All Age All Cause Mortality (AAACM), direct standardised rate per 100,000 population



	2004-06	2005-07	2006-08	2007-09	2008-10
Hambleton, Richmondshire & Whitby CCG	528	515	483	465	447
North Yorkshire (practices located within North Yorkshire County)	531	522	501	483	464

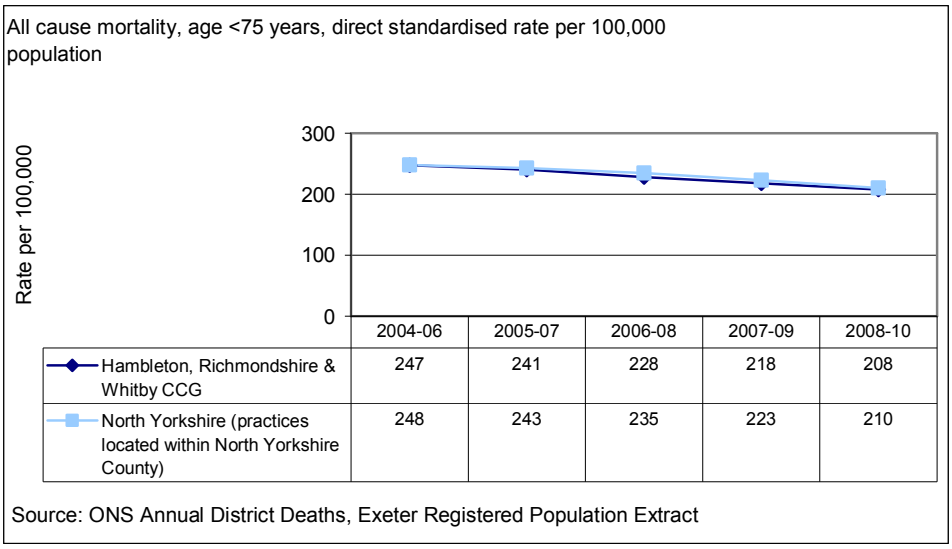
Source: ONS Annual District Deaths, Exeter Registered Population Extract

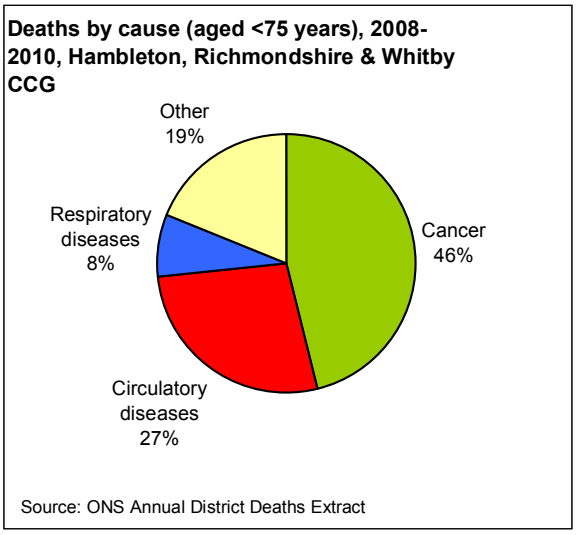
[117] ONS Annual District Deaths, Exeter Registered Population Extract



Circulatory diseases are the leading cause of death amongst those registered with Hambleton, Richmondshire & Whitby CCG accounting for 37% of all deaths.

Between 2004-06 and 2008-10 the premature death rate (aged <75 years) fell from 247 per 100,000 to 208 per 100,000 in Hambleton, Richmondshire and Whitby CCG, similar to the North Yorkshire average of 210[118].



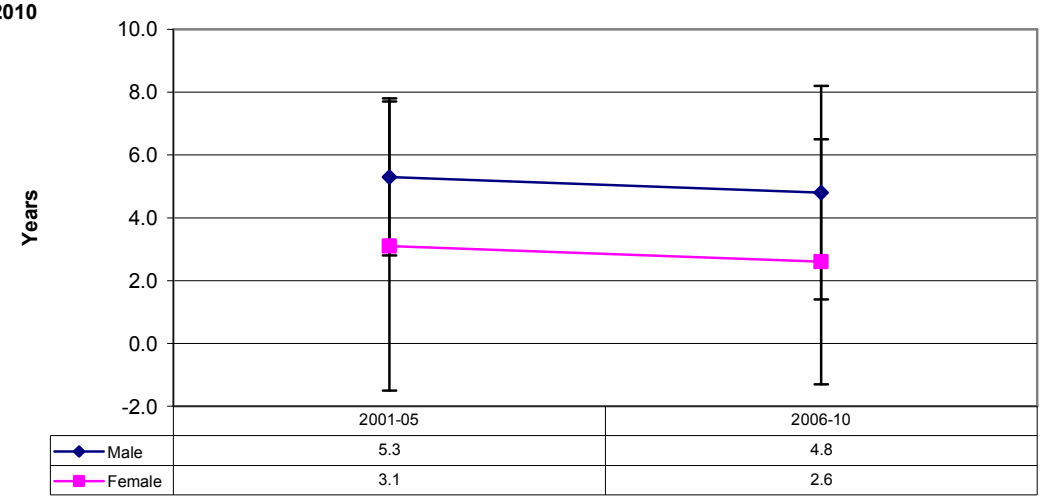


The leading cause of death for those dying prematurely (<75 years) in Hambleton, Richmondshire and Whitby CCG is Cancer, accounting for 46% of all deaths.

[118] ONS Annual District Deaths, Exeter Registered Population Extract

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Hambleton, Richmondshire and Whitby's most deprived communities will die, on average 4.8 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Hambleton, Richmondshire and Whitby will die, on average 2.6 years earlier than those in the least deprived communities. Between 2001-05 and 2006-10, the Slope Index of Inequalities (SII) for males decreased from 5.3 years to 4.8 years. For females, the SII decreased from 3.1 years to 2.6 years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), Hambleton, Richmondshire and Whitby CCG, 2001-2010



	2001-05	2006-10
Male	5.3	4.8
Female	3.1	2.6

Source: Annual District Births and Deaths, ONS LSOA mid year estimates of population, IMD 2010

Community Health Profiles

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. Although they are not published at CCG level, the district level health summaries that appeared in the 2011 profiles can be found in the district summaries, outlining how the health of people in the districts compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Hambleton, Richmondshire and Whitby CCG Big Issues

The issues received from people and organisations based in the Hambleton, Richmondshire and Whitby CCG area were overall similar to those received from other areas of the county. There was very slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural parts of the county.

Issues mentioned during the JSNA events held during December 2011 in the Hambleton, Richmondshire and Scarborough districts (the CCG area includes Richmondshire and the northern half of the Hambleton district and the northern, Whitby area of the Scarborough district) were fairly typical of other areas. Although some of the issues that were mentioned

during the JSNA Scarborough district event were typical of other areas, the total number of issues raised was higher than at most of the other events and more issues were uniquely raised during the Scarborough event than occurred in most other districts.

Issues mentioned during discussion at the Hambleton , Richmondshire and Scarborough district JSNA events	
Issues	**Event**
Access	Hambleton
Active Transport	Hambleton
Ageing	Hambleton
Alcohol and Mental health	Hambleton
Education	Hambleton
Employment (learning disabilities, youth)	Only mentioned at the Hambleton event
Housing	Only mentioned at the Hambleton event
Hospital discharge – joined up working	Only mentioned at the Hambleton event
Isolation (Social Integration)	Hambleton
Keeping people happy	Hambleton
Prevention (obese)	Hambleton
Respect for other people	Only mentioned at the Hambleton event
Support Officer	Only mentioned at the Hambleton event
Access to services – transport, appointment times	Richmondshire
Communication	Richmondshire
Deprivation	Only mentioned at the Richmondshire event
Lifestyle education – all ages, but start early	Richmondshire
Local data plus local assets ⇨ solutions	Richmondshire
Need for more customer focus	Only mentioned at the Richmondshire event
Partnership working	Richmondshire
Prevention – including housing, physical fitness, etc	Richmondshire
Whole person – person centred approach, more generic approach	Only mentioned at the Richmondshire event
Accommodation and housing – link to mental health. Avoiding ghettos	Only mentioned at the Scarborough event
Advocacy	Only mentioned at the Scarborough event
Affordable childcare	Only mentioned at the Scarborough event
Alcohol – availability, changing attitudes and behaviour	Scarborough district
Avoid duplication of services	Only mentioned at the Scarborough event
Education – information – lifetime investment	Scarborough district
Effective support for family carers	Scarborough district
Equal access to services (especially interpreters in health services)	Only mentioned at the Scarborough event
Family support isn't always there	Scarborough district
Isolation (particularly older population)	Scarborough district
Mental wellbeing – responding earlier	Scarborough district
Need doors opening to access community assets	Only mentioned at the Scarborough event
No short term funding – look to the future	Only mentioned at the Scarborough event
Obesogenic environment	Only mentioned at the Scarborough event
Simplification of assessment process (especially social care)	Scarborough district
Stop Consultancy	Only mentioned at the Scarborough event
Supporting communities to be more supportive	Scarborough district

Issues identified for Hambleton, Richmondshire and Whitby CCG

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

A Give every child the best start in life

- Scarborough District (21%) has almost double the % of children in child poverty than the rest of North Yorkshire.

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Northallerton North ward had a significantly higher rate of teenage pregnancy than the national average.

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty in Hambleton (21.1%), Richmondshire (25.2) and Scarborough (26.3%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Richmondshire has the highest house price to earnings ratio for North Yorkshire making affordability an issue.
- Hambleton has a house price to earnings ratio in the worst quartile for affordability compared to England.
- Scarborough had the highest incidence of overcrowded housing at 4.95% of households, substantially higher than any other North Yorkshire district but lower than the national average of 7.13% for England.

F Strengthen the role of ill-health prevention

- Modelled estimates of adults at increasing risk and higher risk drinking in Hambleton (30.0%) was higher than the North Yorkshire average (28.7%) (but not significantly higher than England (23.6%)).
- Richmondshire has a significantly higher rate of Hip fracture in the population aged 65 (593.6 per 100,000 population) than England due to falls.
- There is a need to develop a Falls Service in Scarborough/Whitby /Ryedale.
- For reception children, obesity prevalence was highest in Hambleton (8.7%) and Scarborough (8.0%).
- For year 6 children, obesity prevalence was highest in Scarborough (17.8%).
- Children's participation in sport and physical activity is significantly lower than the England average in Hambleton District.
- Higher levels of Chlamydia screening in Scarborough District compared to North Yorkshire.
- During 2009/10, all districts within North Yorkshire had smoking attributable hospital admission rates per 100,000 population that were significantly lower than the national average, with the exception of Scarborough, which was significantly higher.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- Scarborough has Coronary Heart Disease mortality rates significantly higher than the national average.
- For COPD there is limited capacity to pulmonary rehabilitation available in Whitby.
- The largest forecast increase in dementia prevalence is in Richmondshire District.
- Improve access to formal Type 1 or Type 2 diabetes education in Hambleton and Richmondshire areas.
- Scarborough is in the 2nd bottom quintile nationally for dying in place or usual residence (i.e. below average).
- Improve access to specialist nurse provision for heart failure where it is limited especially in Hambleton and Richmondshire.
- Scarborough District has rates significantly higher mortality rates from stroke than the national average.

Population Groups

Carers

- Scarborough District has the highest rate of claimants for carer's allowance in North Yorkshire at 1.00% of the population, higher than the England average.

Homeless

- The number of homelessness acceptances per 1000 households in North Yorkshire is highest in Richmondshire (4.25 per 1000).

Older People

- The number of people in Richmondshire District aged 65 and over is set to increase from 9,200 to around 12,300 by 2021.
- The number of people in Hambleton District aged 65 and over is set to increase from 19,400 to around 25,400 by 2021.
- The number of people in Scarborough District aged 65 and over is set to increase from 25,500 to around 31,300 by 2021.

Service Personnel and their Families

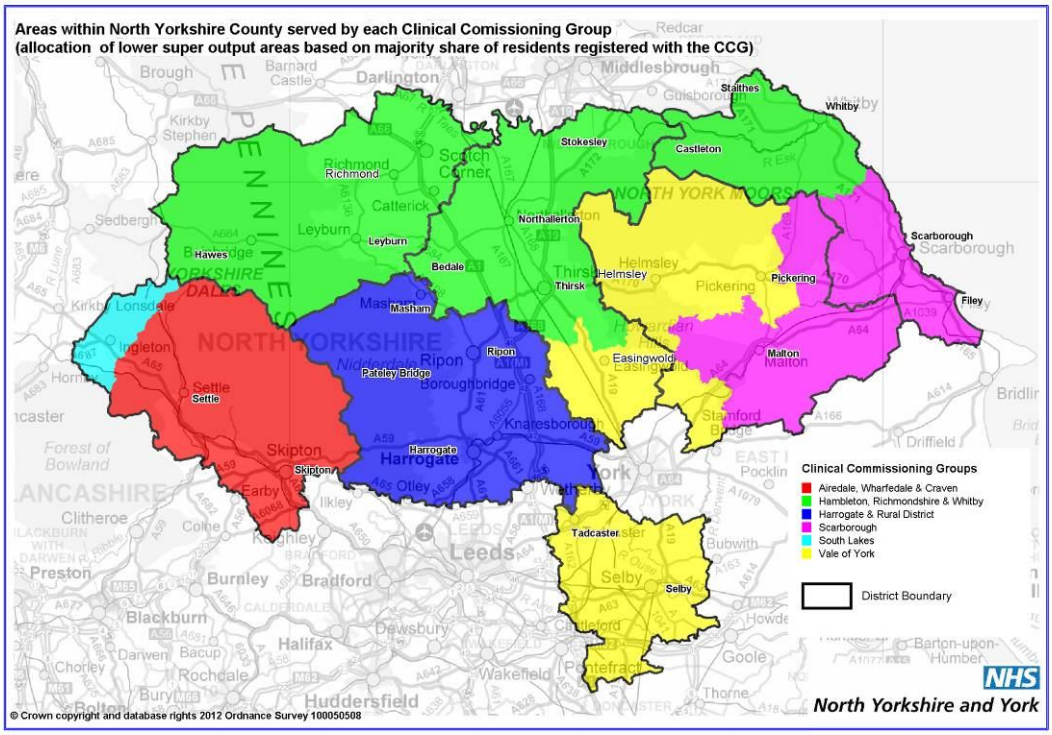
- Richmondshire contains a high proportion of service personnel and their families who face unique circumstances.

A Profile of Hambleton and Ryedale element of the Vale of York CCG

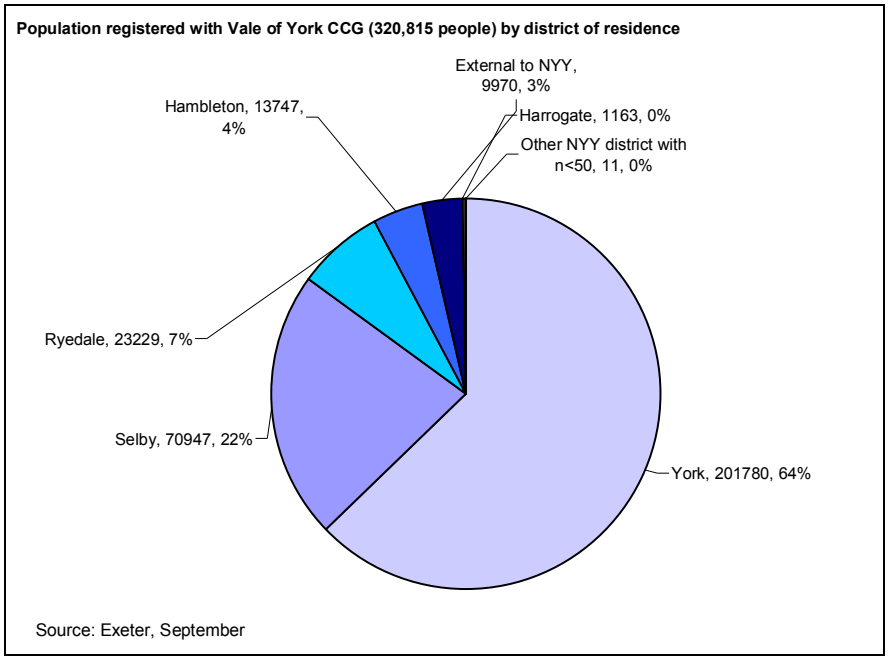
See also the Selby District summary for the Selby element of Vale of York CCG

Population

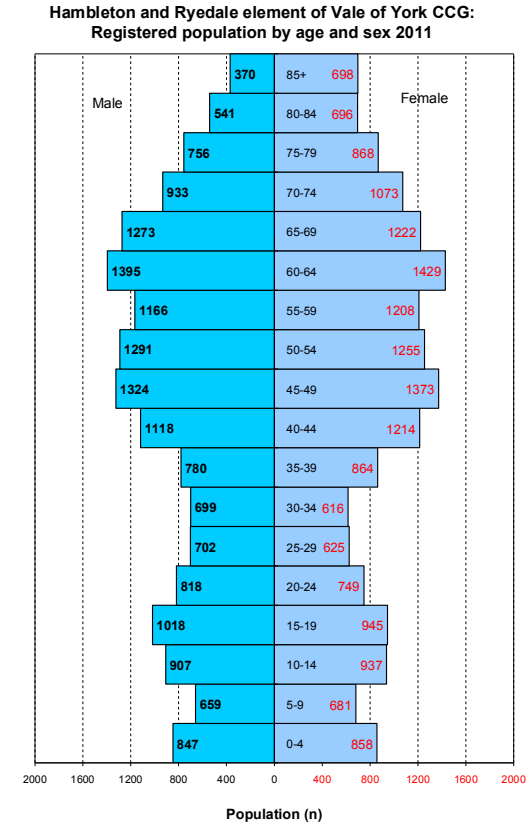
The map below shows the geographical boundaries (constrained to North Yorkshire County boundaries) for the Clinical Commissioning Groups.



The Vale of York CCG comprises 35 General Practices across Selby, York, Richmondshire and Ryedale.



The 7 practices located in Richmondshire and Ryedale that form part of the Vale of York CCG have a combined registered population of 33,908 people.

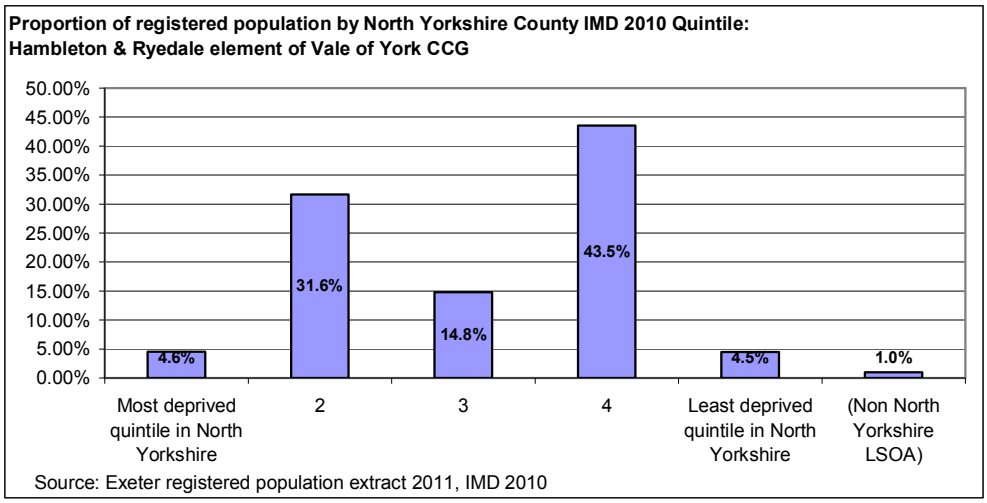


Source: Exeter registered population (including non-North Yorkshire residents), 2011

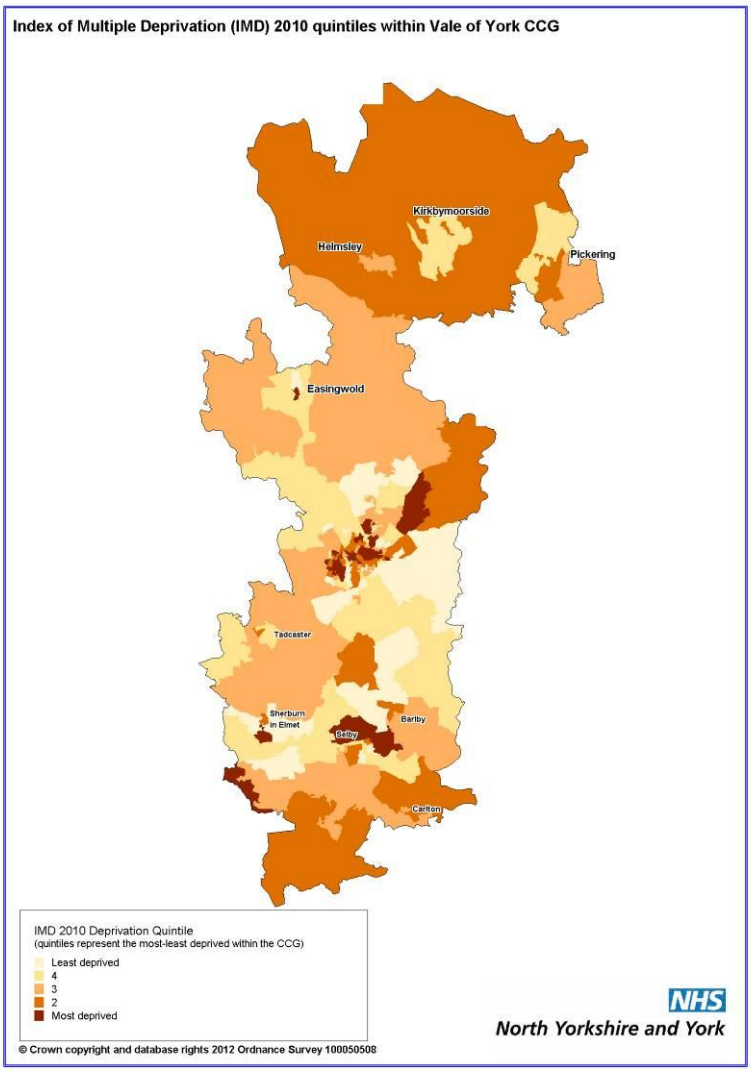
20.2% of the population are aged 0-19, 54.9% of the population are aged 20-64 and the remaining 24.9% are aged 65+.

Deprivation

Although there are pockets of deprivation amongst the registered population of the Hambleton and Ryedale element of Vale of York CCG, a large proportion live in the second most deprived quintile and the second least deprived quintile of North Yorkshire county.



Based on the overall IMD score, the map below shows the most and least deprived areas within the Vale of York CCG, (i.e. the most deprived fifth of the population within the CCG, through to the least deprived).

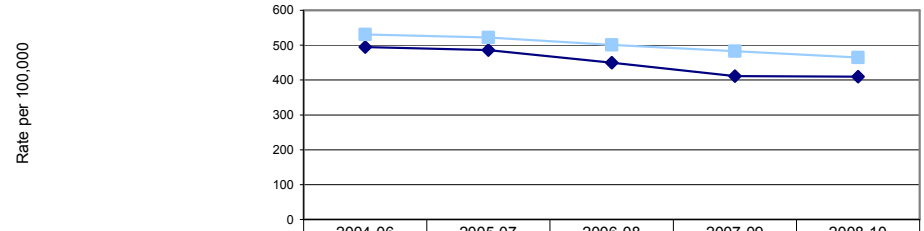


Outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 2004-06 and 2008-10 the AAACM rate fell from 494 per 100,000 to 410 per 100,000 in the Hambleton and Ryedale element of the Vale of York CCG, statistically significantly lower than the North Yorkshire average of 464119.

[119] ONS Annual District Deaths, Exeter Registered Population Extract

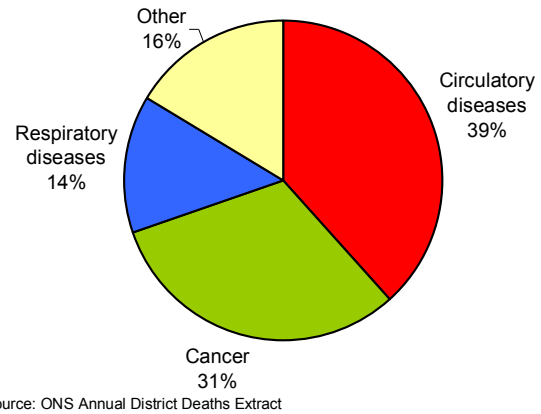
All Age All Cause Mortality (AAACM), direct standardised rate per 100,000 population



	2004-06	2005-07	2006-08	2007-09	2008-10
Hambleton & Ryedale element of Vale of York CCG	494	486	450	411	410
North Yorkshire (practices located within North Yorkshire County)	531	522	501	483	464

Source: ONS Annual District Deaths, Exeter Registered Population Extract

Deaths by cause, 2008-2010, Hambleton & Ryedale element of Vale of York CCG

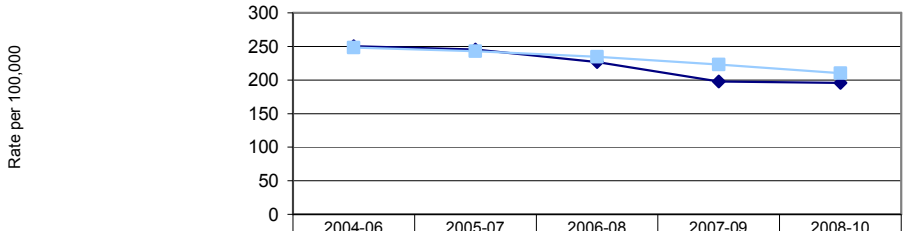


Source: ONS Annual District Deaths Extract

Circulatory diseases are the leading cause of death amongst those registered in the Hambleton and Ryedale element of the Vale of York CCG, accounting for 39% of all deaths.

Between 2004-06 and 2008-10 the premature death rate (aged <75 years) fell from 250 per 100,000 to 196 per 100,000 in the Hambleton and Ryedale element of the Vale of York CCG, not significantly different to the North Yorkshire average of 210120.

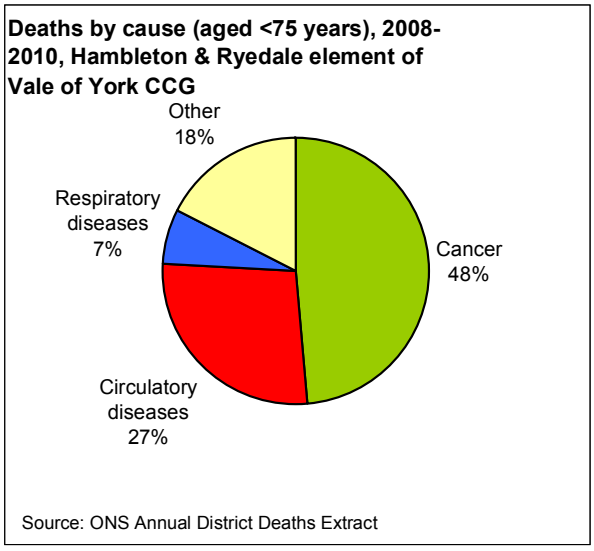
All cause mortality, age <75 years, direct standardised rate per 100,000 population



	2004-06	2005-07	2006-08	2007-09	2008-10
Hambleton & Ryedale element of Vale of York CCG	250	245	227	198	196
North Yorkshire (practices located within North Yorkshire County)	248	243	235	223	210

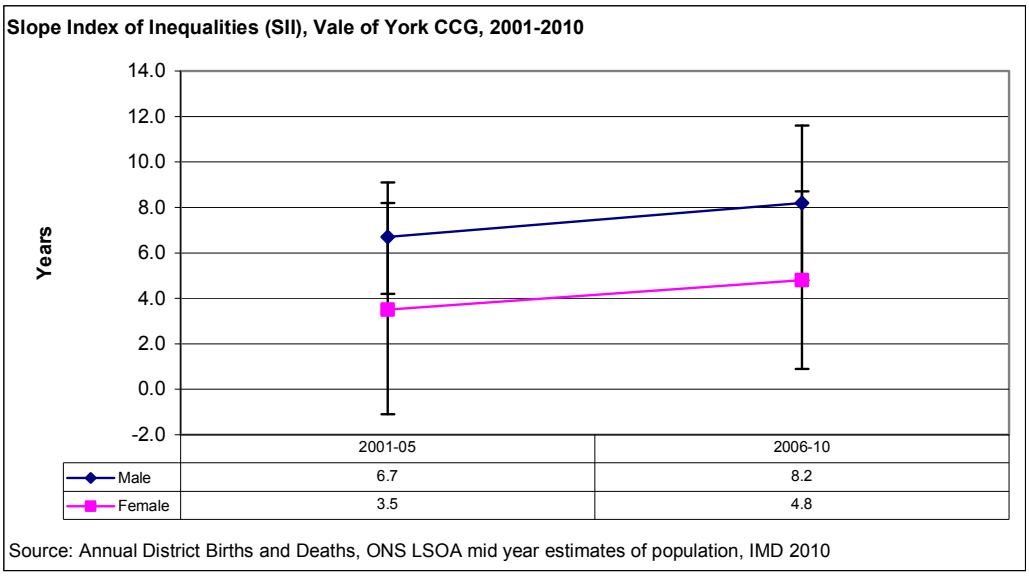
Source: ONS Annual District Deaths, Exeter Registered Population Extract

[120] ONS Annual District Deaths, Exeter Registered Population Extract



The leading cause of death for those dying prematurely (<75 years) in the Hambleton and Ryedale element of the Vale of York CCG is Circulatory diseases, accounting for 48% of all deaths.

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Vale of York CCG's most deprived communities will die, on average 8.2 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Vale of York CCG will die, on average 4.8 years earlier than those in the least deprived communities. Between 2001-05 and 2006-10, the Slope Index of Inequalities (SII) for males increased from 6.7 years to 8.2 years. For females, the SII increased from 3.5 years to 4.8 years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.



Community Health Profiles

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. Although they are not published at CCG level, the district level health summaries that appeared in the 2011 profiles can be found in the district summaries, outlining how the

health of people in the districts compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Hambleton and Ryedale Element of Vale of York CCG Big Issues

See also Selby District

The issues received from people and organisations based in the parts of the county covered by the Vale of York CCG area were overall similar to those received from other areas of the county. There was slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural pars of the county.

Issues that were mentioned during the JSNA events held in the Hambleton and Ryedale districts during December 2011 were fairly typical of other areas. All the issues raised during the Ryedale event covered topics also mentioned at one or more of the events held in other districts across the county.

Issues mentioned during discussion at the Hambleton and Ryedale JSNA events	
Issue	**Event**
Access	Hambleton
Active Transport	Hambleton
Ageing	Hambleton
Alcohol and Mental health	Hambleton
Education	Hambleton
Employment (learning disabilities, youth)	Only mentioned at the Hambleton event
Housing	Only mentioned at the Hambleton event
Hospital discharge – joined up working	Only mentioned at the Hambleton event
Isolation (Social Integration)	Hambleton
Keeping people happy	Hambleton
Prevention (obese)	Hambleton
Respect for other people	Only mentioned at the Hambleton event
Support Officer	Only mentioned at the Hambleton event
Access to services – transport, availability, location	Ryedale
Access to information, and in appropriate format	Ryedale
Care v reablement	Ryedale
Drugs & alcohol – culture change	Ryedale
Education about nutrition and other healthy lifestyle issues	Ryedale
Implications of an ageing population	Ryedale
Joined-up working	Ryedale
Social Isolation - cannot all be done by the community, Integrated solutions	Ryedale
What is already available locally?	Ryedale

Issues identified for Hambleton and Ryedale element of the Vale of York CCG

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty in Hambleton (21.1%) and Ryedale (28.2%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Ryedale has a house price to earnings ratio in the worst quartile for affordability compared to England.
- Hambleton has a house price to earnings ratio in the worst quartile for affordability compared to England.

F Strengthen the role of ill-health prevention

- Modelled estimates of adults at increasing risk and higher risk drinking in Hambleton (30.0%) was higher than the North Yorkshire average (28.7%) (but not significantly higher than England (23.6%)).
- Children's participation in sport and physical activity is significantly lower than the England average in Ryedale, and Hambleton Districts.
- Ensure the age extension of the Harrogate, Leeds and York bowel cancer screening service is implemented.
- Ensure the York, Harrogate and Selby Abdominal Aortic Aneurysm screening service is implemented.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- For COPD there is limited capacity to pulmonary rehabilitation available in York.
- The % of people with diabetes who have an Hb_{A1c} <7 was lowest in the North Yorkshire practices of Vale of York CCG across North Yorkshire.

Population Groups

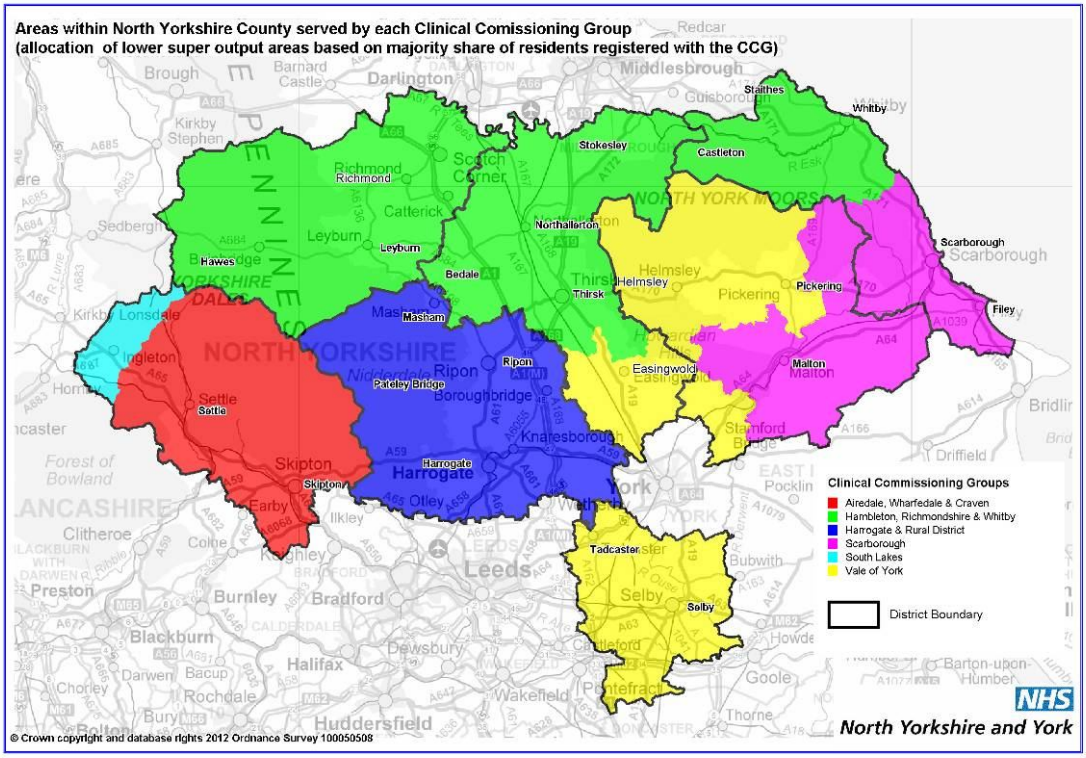
Older People

- The number of people in Hambleton District aged 65 and over is set to increase from 19,400 to around 25,400 by 2021.
- The number of people in Ryedale District aged 65 and over is set to increase from 12,300 to around 15,800 by 2021.

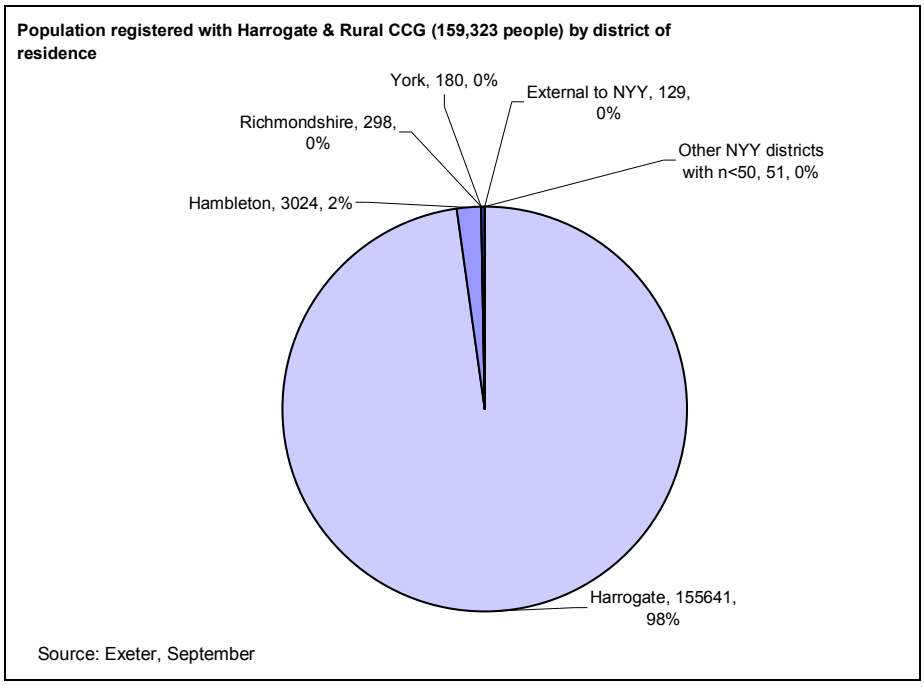
A Profile of Harrogate and Rural District CCG

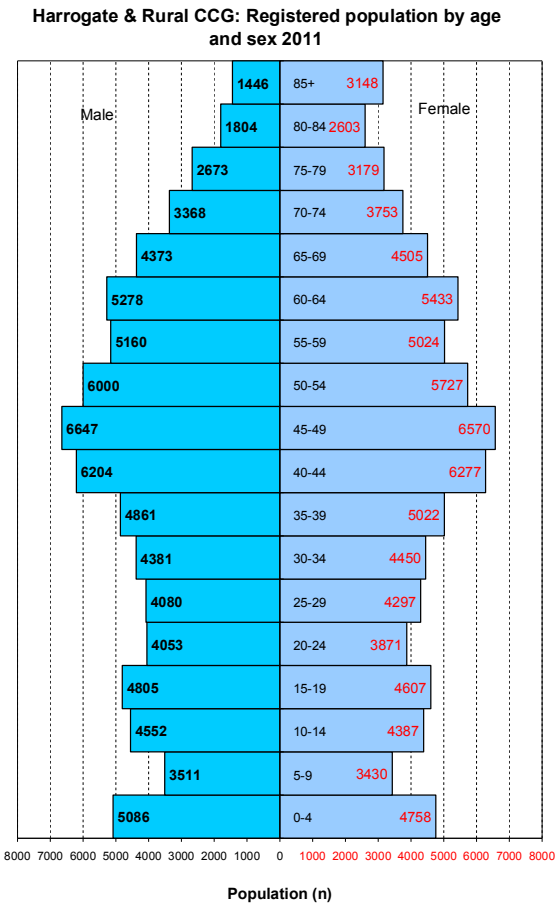
Population

The map below shows the geographical boundaries (constrained to North Yorkshire County boundaries) for the Clinical Commissioning Groups.



Harrogate & Rural District CCG comprises 19 General Practices with a combined registered population of 159,323, the vast majority of whom (98%) live in Harrogate district.



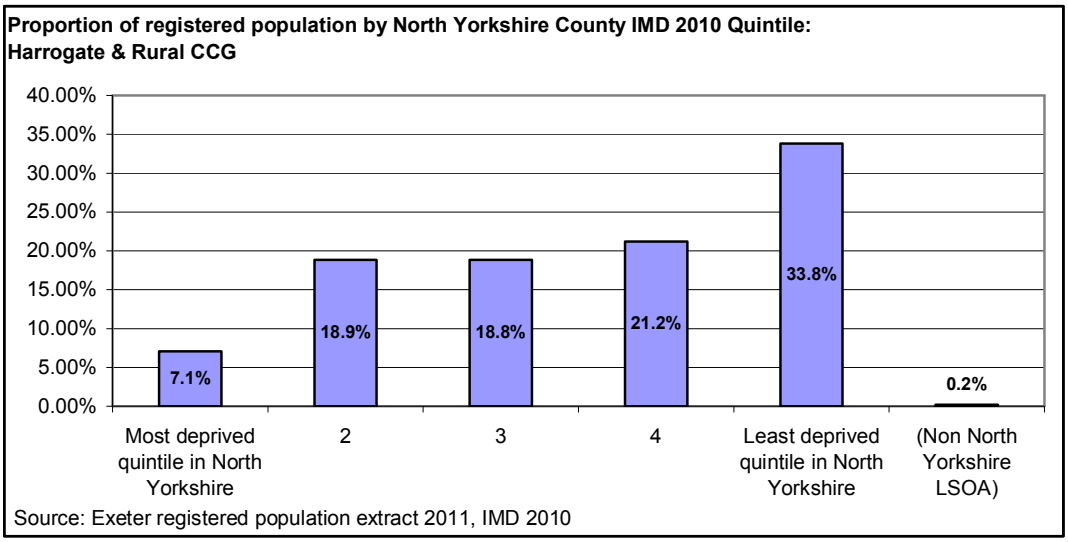


Source: Exeter registered population (including non-North Yorkshire residents),

22.1% of the population are aged 0-19, 58.5% of the population are aged 20-64 and the remaining 19.4% are aged 65+.

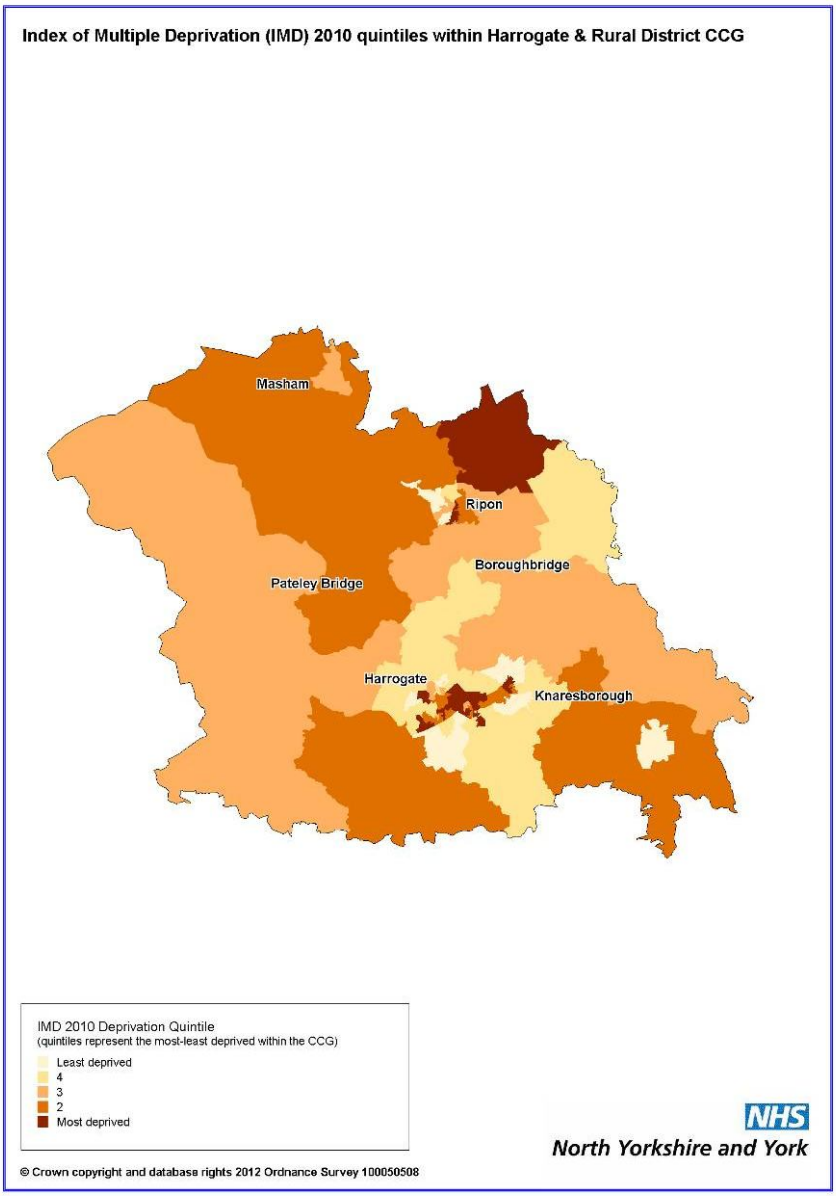
Deprivation

Harrogate and Rural District CCG has a large proportion of its registered population resident in the least deprived areas of North Yorkshire county. There are pockets of deprivation however with 7.1% of the population (11,312 people) living in the most deprived quintile.



Source: Exeter registered population extract 2011, IMD 2010

Based on the overall IMD score, the map below shows the most and least deprived areas within Harrogate & Rural CCG (i.e. the most deprived fifth of the population within the CCG, through to the least deprived).



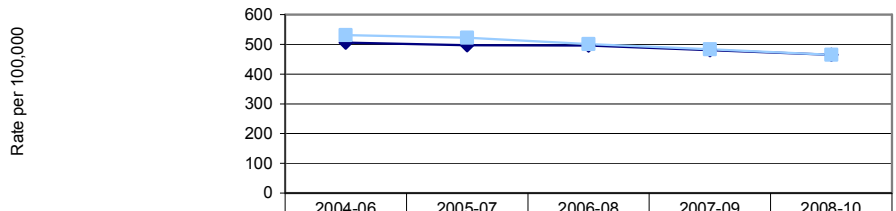
Outcomes

Also see Harrogate District summary for further detail on outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 2004-06 and 2008-10 the AAACM rate fell from 505 per 100,000 to 465 per 100,000 in practices in Harrogate & Rural CCG, similar to the North Yorkshire average of 464[121].

[121] ONS Annual District Deaths, Exeter Registered Population Extract

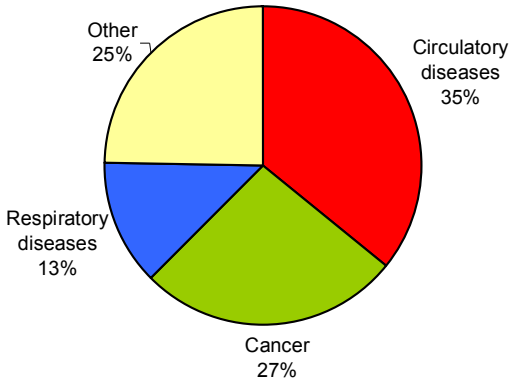
All Age All Cause Mortality (AAACM), direct standardised rate per 100,000 population



	2004-06	2005-07	2006-08	2007-09	2008-10
Harrogate & Rural CCG	505	497	496	481	465
North Yorkshire (practices located within North Yorkshire County)	531	522	501	483	464

Source: ONS Annual District Deaths, Exeter Registered Population Extract

Deaths by cause, 2008-2010, Harrogate & Rural District CCG

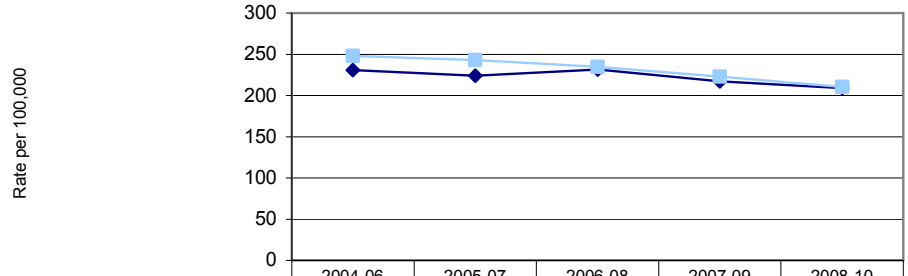


Source: ONS Annual District Deaths Extract

Circulatory diseases are the leading cause of death amongst those registered with Harrogate & Rural District CCG accounting for 35% of all deaths.

Between 2004-06 and 2008-10 the premature death rate (aged <75 years) fell from 231 per 100,000 to 209 per 100,000 in Harrogate & Rural CCG, similar to the North Yorkshire average of 210[122].

All cause mortality, age <75 years, direct standardised rate per 100,000 population

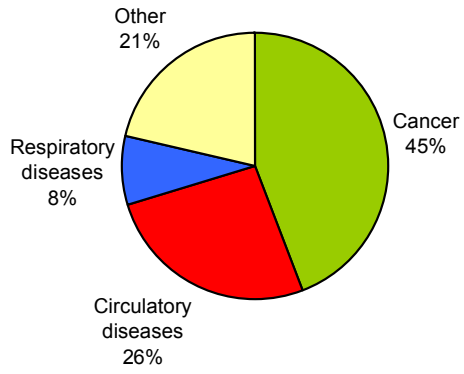


	2004-06	2005-07	2006-08	2007-09	2008-10
Harrogate & Rural CCG	231	224	232	217	209
North Yorkshire (practices located within North Yorkshire County)	248	243	235	223	210

Source: ONS Annual District Deaths, Exeter Registered Population Extract

[122] ONS Annual District Deaths, Exeter Registered Population Extract

Deaths by cause (aged <75 years), 2008-2010, Harrogate & Rural District CCG

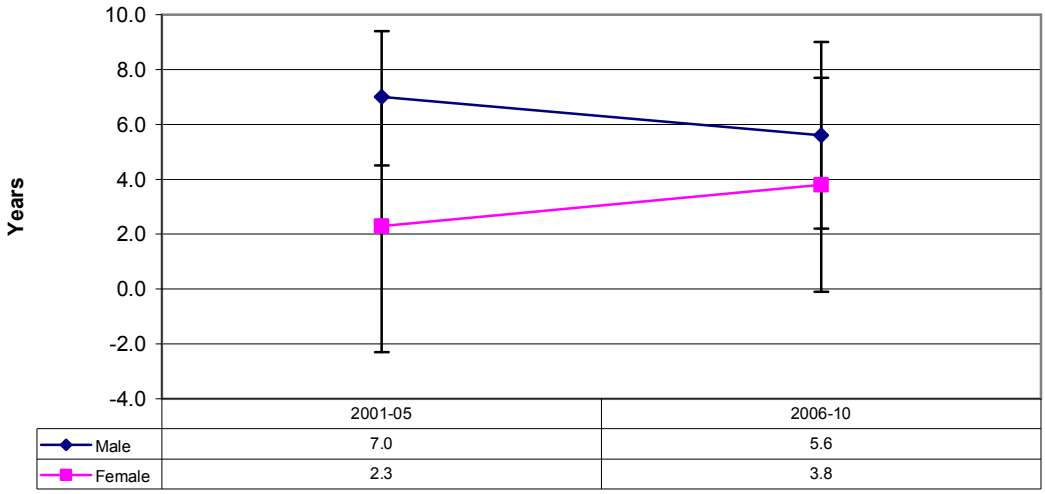


Source: ONS Annual District Deaths Extract

The leading cause of death for those dying prematurely (<75 years) in Harrogate and Rural District CCG is Cancer, accounting for 45% of all deaths.

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Harrogate and Rural District CCG's most deprived communities will die, on average 5.6 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Harrogate & Rural District CCG will die, on average 3.8 years earlier than those in the least deprived communities. Between 2001-05 and 2006-10, the Slope Index of Inequalities (SII) for males decreased from 7.0 years to 5.6 years. For females, the SII increased from 2.3 years to 3.8 years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), Harrogate and Rural District CCG, 2001-2010



	2001-05	2006-10
Male	7.0	5.6
Female	2.3	3.8

Source: Annual District Births and Deaths, ONS LSOA mid year estimates of population, IMD 2010

Community Health Profiles

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. Although they are not published at CCG level, the district level health summaries that

appeared in the 2011 profiles can be found in the district summaries, outlining how the health of people in the districts compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802 .

Issues identified for Harrogate and Rural District CCG

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

E Create and develop healthy and sustainable places and communities

- Harrogate has a house price to earnings ratio in the worst quartile for affordability compared to England.

F Strengthen the role of ill-health prevention

- Modelled estimates of adults at increasing risk and higher risk drinking in Harrogate (27.7%) was higher than the North Yorkshire average (28.7%) (but not significantly higher than England [23.6%]).
- Children's participation in sport and physical activity is significantly lower than the England average in Harrogate District.
- Ensure the age extension of the Harrogate, Leeds and York bowel cancer screening service is implemented.
- Ensure the York, Harrogate and Selby Abdominal Aortic Aneurysm screening service is implemented.
- There is a gap in Genito Urinary service provision at Ripon.
- Higher levels of Chlamydia screening compared to North Yorkshire.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- For COPD there is limited capacity to pulmonary rehabilitation available in Harrogate.
- Harrogate has the lowest proportion of people dying in their own residence in North Yorkshire (bottom quintile nationally).

Population Groups

Black, Asian and Minority Ethnic Groups (BAME)

- Harrogate has the highest estimated proportion of BAME groups in the county, making up 10.4% of the population, of which 'Chinese or Other Ethnic Group' accounts for the largest proportion.

Learning Disability and Difficulties including Special Educational Needs

- Higher than county average of registered GP population aged 18+ on learning disability register (CCG).

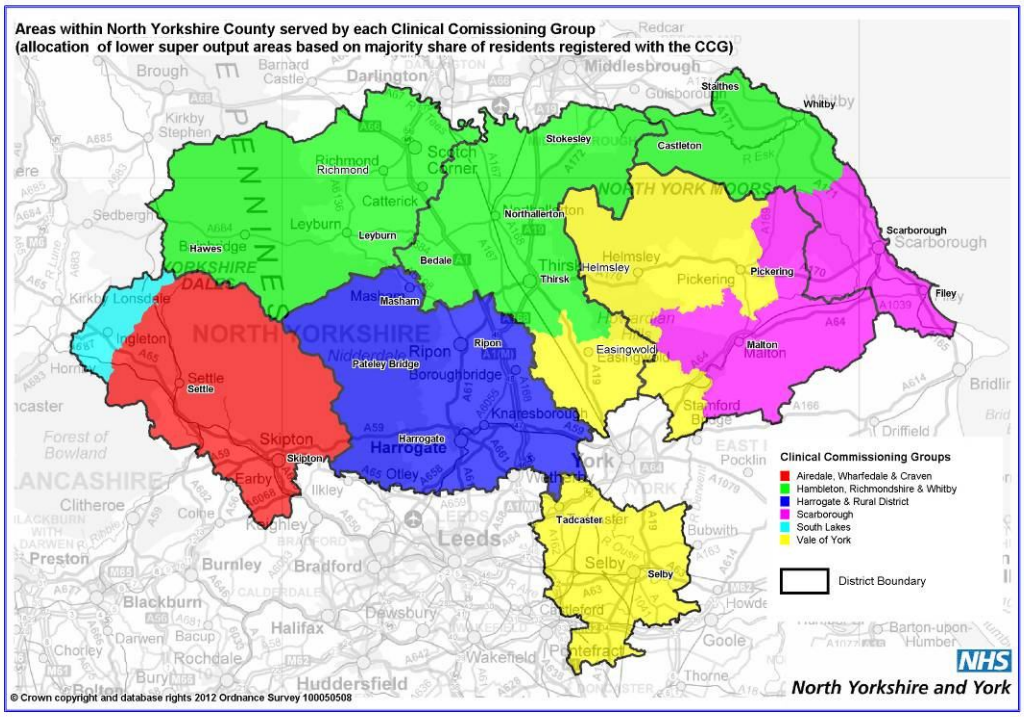
Older People

- The number of people in Harrogate District aged 65 and over is set to increase from 31,500 to around 40,200 by 2021.

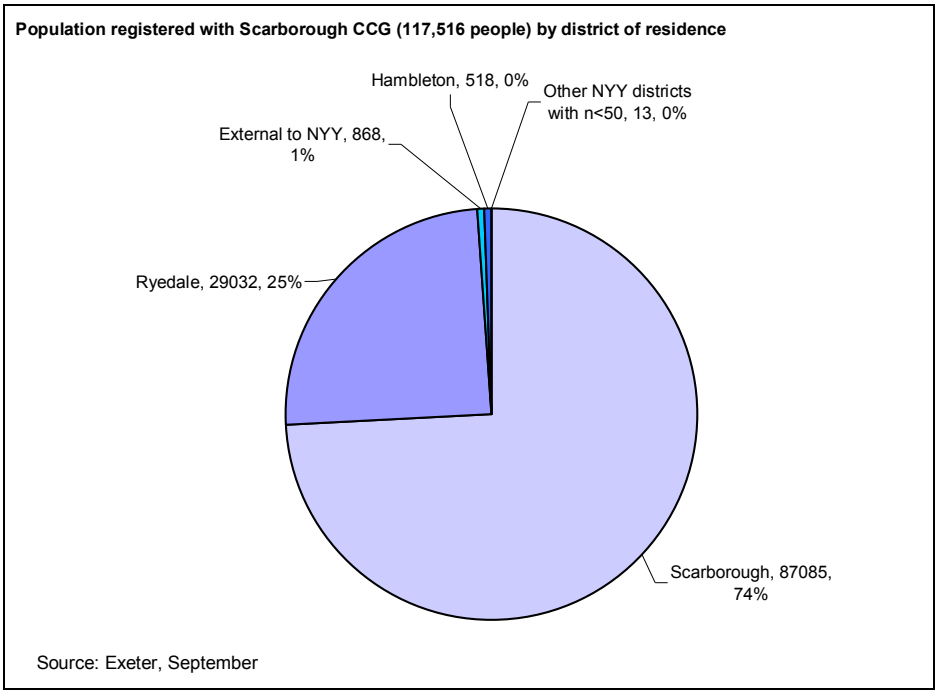
A Profile of Scarborough and Ryedale CCG

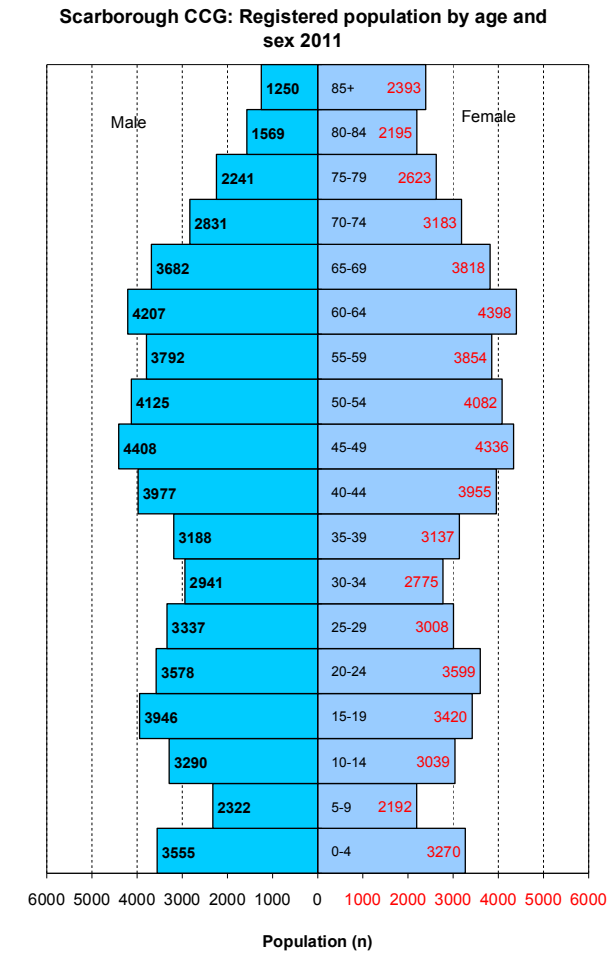
Population

The map below shows the geographical boundaries (constrained to North Yorkshire County boundaries) for the Clinical Commissioning Groups.



Scarborough and Ryedale CCG comprises 17 General Practices with a combined registered population of 117,516, the vast majority of whom (74%) live in Scarborough district with a significant amount also living in Ryedale (25%).



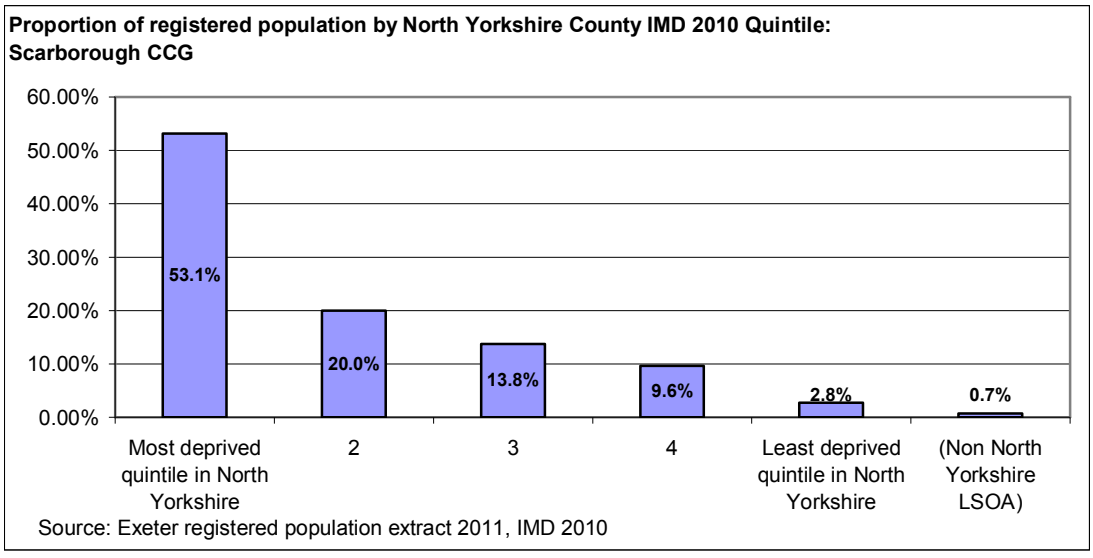


Source: Exeter registered population (including non-North Yorkshire residents), 2011

21.3% of the population are aged 0-19, 56.8% of the population are aged 20-64 and the remaining 21.9% are aged 65+.

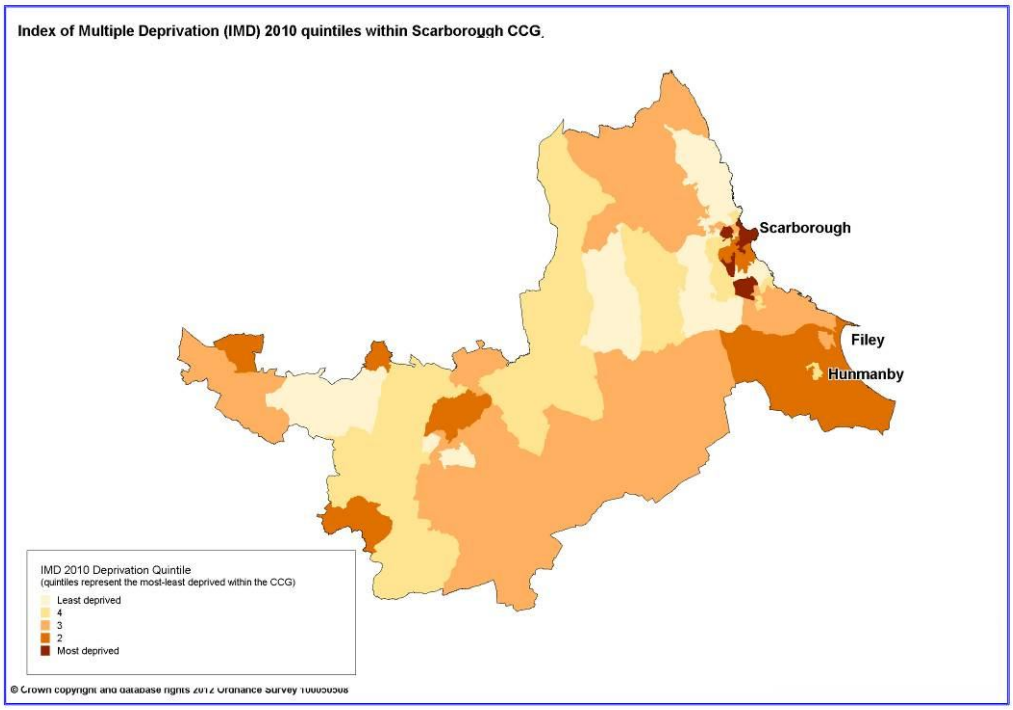
Deprivation

Scarborough and Ryedale CCG has a large proportion (53.1%) of its registered population resident in the most deprived areas of North Yorkshire county.



Source: Exeter registered population extract 2011, IMD 2010

Based on the overall IMD score, the map below shows the most and least deprived areas within Scarborough and Ryedale CCG (i.e. the most deprived fifth of the population within the CCG, through to the least deprived).

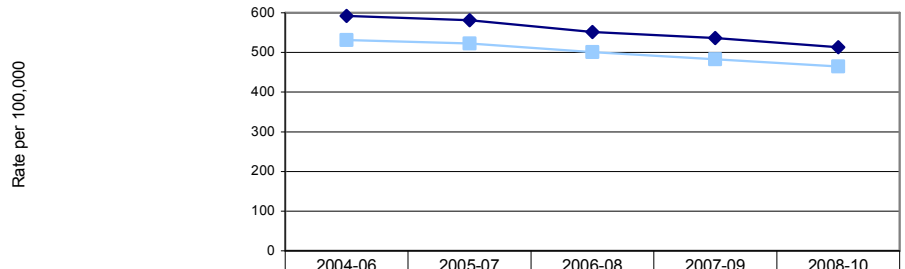


Outcomes

Also see Scarborough and Ryedale District summaries for further detail on outcomes

All age all cause mortality (AAACM) is a measure of the overall health of a population over a given period. Between 2004-06 and 2008-10 the AAACM rate fell from 592 per 100,000 to 514 per 100,000 in practices in Scarborough CCG, statistically significantly higher than the North Yorkshire average of 464[123].

All Age All Cause Mortality (AAACM), direct standardised rate per 100,000 population

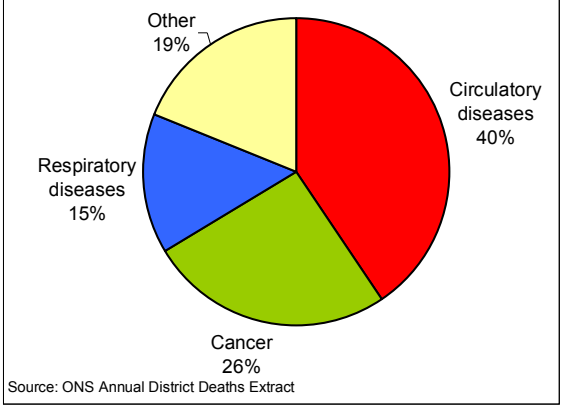


	2004-06	2005-07	2006-08	2007-09	2008-10
Scarborough CCG	592	581	551	536	514
North Yorkshire (practices located within North Yorkshire County)	531	522	501	483	464

Source: ONS Annual District Deaths, Exeter Registered Population Extract

[123] ONS Annual District Deaths, Exeter Registered Population Extract

Deaths by cause, 2008-2010, Scarborough CCG

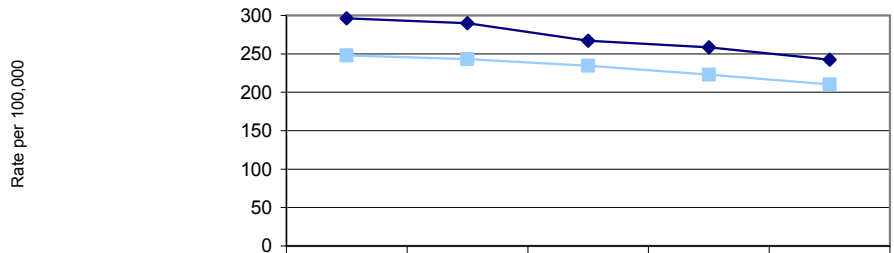


Source: ONS Annual District Deaths Extract

Circulatory diseases are the leading cause of death amongst those registered with Scarborough CCG accounting for 40% of all deaths.

Between 2004-06 and 2008-10 the premature death rate (aged <75 years) fell from 296 per 100,000 to 243 per 100,000 in Scarborough and Ryedale CCG, statistically significantly higher than the North Yorkshire average of 210[124].

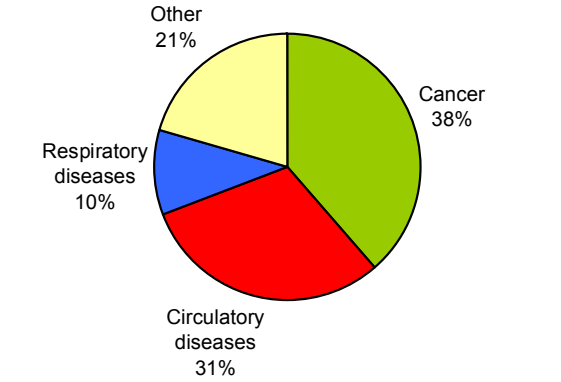
All cause mortality, age <75 years, direct standardised rate per 100,000 population



	2004-06	2005-07	2006-08	2007-09	2008-10
Scarborough CCG	296	290	267	259	243
North Yorkshire (practices located within North Yorkshire County)	248	243	235	223	210

Source: ONS Annual District Deaths, Exeter Registered Population Extract

Deaths by cause (aged <75 years), 2008-2010, Scarborough CCG



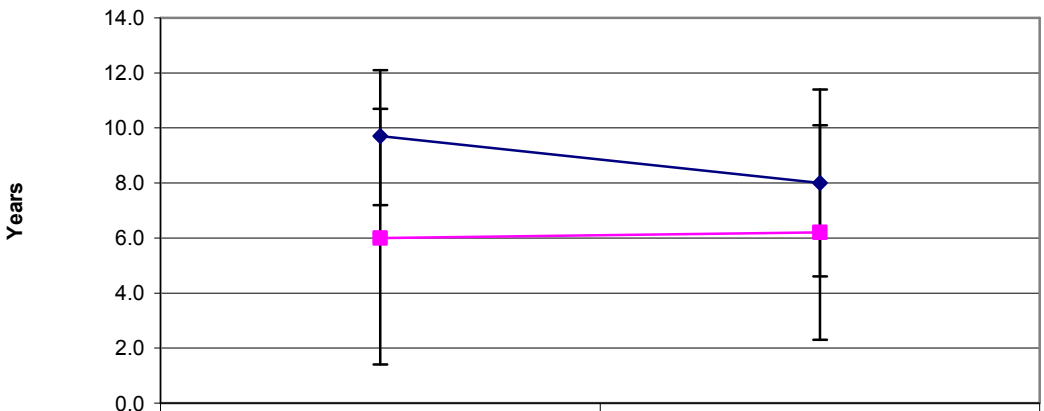
Source: ONS Annual District Deaths Extract

The leading cause of death for those dying prematurely (<75 years) in Scarborough and Ryedale CCG is Cancer, accounting for 38% of all deaths.

[124] ONS Annual District Deaths, Exeter Registered Population Extract

When comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in Scarborough CCG's most deprived communities will die, on average 8.0 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in Scarborough CCG will die, on average 6.2 years earlier than those in the least deprived communities. Between 2001-05 and 2006-10, the Slope Index of Inequalities (SII) for males decreased from 9.7 years to 8.0 years. For females, the SII increased from 6.0 years to 6.2 years. However, these figures should be interpreted bearing in mind the wide confidence intervals around the SII.

Slope Index of Inequalities (SII), Scarborough CCG, 2001-2010



	2001-05	2006-10
Male	9.7	8.0
Female	6.0	6.2

Source: Annual District Births and Deaths, ONS LSOA mid year estimates of population, IMD 2010

Community Health Profiles

The Department of Health commissioned the Network of Public Health Observatories to publish Community Health Profiles on an annual basis for each local authority in England. Although they are not published at CCG level, the district level health summaries that appeared in the 2011 profiles can be found in the district summaries, outlining how the health of people in the districts compares with the rest of England. The 2012 profiles will be published in summer 2012 at http://www.apho.org.uk/default.aspx?RID=49802.

Scarborough and Ryedale CCG Big Issues

The issues received from people and organisations based in the Scarborough CCG area were overall similar to those received from other areas of the county. Issues from the Ryedale district part of the CCG area tended to have slightly more emphasis around transport, access to local services and other issues connected with rurality than from the less rural part laying within Scarborough district.

Issues that were mentioned during the JSNA events held in the Ryedale and Scarborough districts during December 2011 were fairly typical of other areas. All the issues raised during the Ryedale event covered topics also mentioned at one or more of the events held in other districts across the county. Although some of the issues that were mentioned during the

JSNA Scarborough district event were typical of other areas, the total number of issues raised was higher than at most of the other events and several issues were uniquely raised that were not mentioned at any of the other events across the county.

Issues mentioned during discussion at the Ryedale and Scarborough district JSNA events	
Issues	**Event**
Access to services – transport, availability, location	Ryedale
Access to information, and in appropriate format	Ryedale
Care v reablement	Ryedale
Drugs & alcohol – culture change	Ryedale
Education about nutrition and other healthy lifestyle issues	Ryedale
Implications of an ageing population	Ryedale
Joined-up working	Ryedale
Social Isolation - cannot all be done by the community, Integrated solutions	Ryedale
What is already available locally?	Ryedale
Accommodation and housing – link to mental health. Avoiding ghettos	Only mentioned at the Scarborough event
Advocacy	Only mentioned at the Scarborough event
Affordable childcare	Only mentioned at the Scarborough event
Alcohol – availability, changing attitudes and behaviour	Scarborough district
Avoid duplication of services	Only mentioned at the Scarborough event
Education – information – lifetime investment	Scarborough district
Effective support for family carers	Scarborough district
Equal access to services (especially interpreters in health services)	Only mentioned at the Scarborough event
Family support isn't always there	Scarborough district
Isolation (particularly older population)	Scarborough district
Mental wellbeing – responding earlier	Scarborough district
Need doors opening to access community assets	Only mentioned at the Scarborough event
No short term funding – look to the future	Only mentioned at the Scarborough event
Obesogenic environment	Only mentioned at the Scarborough event
Simplification of assessment process (especially social care)	Scarborough district
Stop Consultancy	Only mentioned at the Scarborough event
Supporting communities to be more supportive	Scarborough district

Issues identified for Scarborough and Ryedale CCG

In addition to the needs identified across North Yorkshire, the following issues have been highlighted specifically in this locality. They have been described by Marmot Domain:

A Give every child the best start in life

- Scarborough District (21%) has almost double the % of children in child poverty than the rest of North Yorkshire.

B Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Lower educational attainment on most indicators compared to the rest of North Yorkshire and England.
- Falsgrave Park, Ramshill, Castle, Central and North Bay wards had a significantly higher rate of teenage pregnancy than the national average.

C Create fair employment and good work for all

- Higher unemployment rate in Scarborough compared to North Yorkshire and England.

D Ensure a healthy standard of living for all

- Higher rate of households in fuel poverty in Scarborough (26.3%) and Ryedale (28.2%) compared to England (18.4%).

E Create and develop healthy and sustainable places and communities

- Scarborough District has the highest and Ryedale District the lowest crime levels in North Yorkshire.
- Ryedale has a house price to earnings ratio in the worst quartile for affordability compared to England.
- Scarborough had the highest incidence of overcrowded housing at 4.95% of households, substantially higher than any other North Yorkshire district but lower than the national average of 7.13% for England.

F Strengthen the role of ill-health prevention

- Recorded crime attributable to alcohol in Scarborough District is the highest (7.1 per 1000 population) in North Yorkshire.
- There is a need to develop a Falls Service in Scarborough/Whitby /Ryedale.
- For reception children, obesity prevalence was second highest in Scarborough (8.0%).
- For year 6 children, obesity prevalence was highest in Scarborough (17.8%) and Ryedale (17.7%).
- Eastfield and Seamer fall into the bottom national quartile for expected levels of participation in at least 3 days x 30 minutes, moderate intensity adult physical activity.
- Children's participation in sport and physical activity is significantly lower than the England average in Ryedale District.
- Higher levels of Chlamydia screening in Scarborough District compared to North Yorkshire.
- Scarborough has the highest rates of smoking in North Yorkshire.
- Over the last five years, the percentage of mothers who were smokers giving birth at Scarborough was consistently significantly higher than the national average. During 2010/11 at Scarborough, 19.5% (almost 2 in every 10 mothers) were recorded as being a smoker at the time of delivery.

- During 2009/10, all districts within North Yorkshire had smoking attributable hospital admission rates per 100,000 population that were significantly lower than the national average, with the exception of Scarborough, which was significantly higher.

G Maximise the effectiveness of condition or treatment pathways (additional domain)

- Scarborough and Ryedale Districts had Coronary Heart Disease mortality rates significantly higher than the national average.
- The % of people with diabetes who have an Hb_{A1c} <7 was 2nd lowest in Scarborough and Ryedale CCG across North Yorkshire.
- Scarborough is in the 2nd bottom quintile nationally for dying in place or usual residence (i.e. below average).
- 24/7 community nursing service in Scarborough Area needs developing for end of life care.
- Blood pressure control for people with hypertension is lower in Scarborough and Ryedale CCG than other areas in North Yorkshire.
- Scarborough District had rates significantly higher mortality rates from stroke than the national average.

Population Groups

Carers

- Scarborough District has the highest rate of claimants for carer's allowance in North Yorkshire at 1.00% of the population, higher than the England average.

Homeless

- The number of homelessness acceptances per 1000 households in North Yorkshire is 2nd highest in Scarborough (3.00 per 1000).

Older People

- The number of people in Ryedale District aged 65 and over is set to increase from 12,300 to around 15,800 by 2021.
- The number of people in Scarborough District aged 65 and over is set to increase from 25,500 to around 31,300 by 2021.

Glossary

A&E	Accident and Emergency
AAA	Abdominal Aortic Aneurysm
AAACM	All Age All Cause Mortality
AF	Atrial Fibrillation
ASD	Autistic Spectrum Disorder
BAME	Black Asian and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
ETE	Employment Training and Education
GP	General Practitioner
GUM	Genito Urinary Medicine
HbA1C	Glycosylated Haemoglobin
HCP	Healthy Child Programme
HIV	Human Immunodeficiency Virus
IMD	Index Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LARC	Long Acting Reversible Contraception
LGBT	Lesbian, Gay, Bisexual and Transgender
LSOA	Lower Super Output Area
MSM	Men who have sex with men
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NYCC	North Yorkshire County Council
NYY	North Yorkshire and York
ONS	Office of National Statistics
PCT	Primary Care Trust
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SHA	Strategic Health Authority
SII	Slope Index of Inequalities
STI	Sexually Transmitted Infection
STREAM	Statistics, Research and Mapping for North Yorkshire and York
TB	Tuberculosis
UNICEF	United Nations Children's Fund
VCSE	Voluntary, Community and Social Enterprises
VTEC	Verocytotoxin Producing E-Coli

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